

## Camper Registration

### Only one camper per form

**\$10 DEPOSIT IS REQUIRED FOR EACH WEEK YOU WANT YOUR CHILD TO ATTEND!!** To secure your child a spot in our daycamp program you **MUST** pay a \$10 deposit for every week you want your child to have a spot. If you do not pay the deposit and the week is full your child **WILL NOT** be able to attend that week. \$10 Deposit is non-refundable if child does not attend camp, for ANY reason.

Camper's Name: \_\_\_\_\_  
 Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Fall of 2013 entering grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Child resides with: \_\_\_\_\_  
 Mom's Name: \_\_\_\_\_  
 Mom's Work Phone: \_\_\_\_\_ Mom's Cell Phone/Beeper: \_\_\_\_\_  
 Dad's Name: \_\_\_\_\_  
 Dad's Work Phone: \_\_\_\_\_ Dad's Cell Phone/Beeper: \_\_\_\_\_  
 Email address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone/Beeper: \_\_\_\_\_

**Fees for Camp: \$10 one time, non-refundable activity fee, \$10 deposit for EACH reserved week, \$45 for members, \$50 for non-members.**

For every week you check mark that your child will be attending camp you **MUST** pay a \$10 non-refundable deposit

|        |                   |       |              |                     |
|--------|-------------------|-------|--------------|---------------------|
| Week 1 | May 28 - May 31   | _____ | Deposit paid | Staff initial _____ |
| Week 2 | June 3 - June 7   | _____ | Deposit paid | Staff initial _____ |
| Week 3 | June 10 - June 14 | _____ | Deposit paid | Staff initial _____ |
| Week 4 | June 17 - June 21 | _____ | Deposit paid | Staff initial _____ |
| Week 5 | June 24 - June 28 | _____ | Deposit paid | Staff initial _____ |
| Week 6 | July 8 - July 12  | _____ | Deposit paid | Staff initial _____ |
| Week 7 | July 15 - July 19 | _____ | Deposit paid | Staff initial _____ |
| Week 8 | July 22 - July 26 | _____ | Deposit paid | Staff initial _____ |
| Week 9 | July 29- Aug. 2   | _____ | Deposit paid | Staff initial _____ |

#### Registration Fee

\$10.00 one time registration fee/non-refundable

#### Early Drop Off

If you would like to leave your child **BEFORE 7:45am**, there is \$10 per week charge. If your child is signed in earlier than 7:45am you will be charged \$10 for the week.

#### Weekly Tuition

Tuition is due the first day of each week the child attends camp. We do not have a drop in service. **Tuition is the full amount per week regardless of how many days your child attends that week.** If your child is removed from daycamp by either yourself or by staff, tuition fees and/or deposits are nonrefundable. If you pick up your child after 5:00pm, you will get 1 verbal warning, after the 1<sup>st</sup> warning you will be charged \$15.00 for every 15 minutes you are late. This will be charged in 15 minute increments (20 minutes late=\$30). There is a \$20.00 fee for any returned checks. Customer is responsible for all costs of collection including court costs and attorney fees.

By signing below I understand and agree to the all the terms of this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Daycamp  
Consent Forms**

**Camper's Name:** \_\_\_\_\_

**Authorized Adult to pick up your child (Including Parents):**

|                    |                       |
|--------------------|-----------------------|
| <b>Name:</b> _____ | <b>Phone #:</b> _____ |

**Medication Authorization:**

| <b>Name of medication</b> | <b>Days</b> | <b>Time</b> | <b>Dosage</b> |
|---------------------------|-------------|-------------|---------------|
| _____                     |             |             |               |
| _____                     |             |             |               |
| _____                     |             |             |               |

**I hereby give my consent for Camp Staff to administer medication to \_\_\_\_\_ as prescribed in the above instructions.**

Although we encourage medication to be given to your child before or after camp, we understand there may be a need for your child to receive medications during camp hours. A procedure has been established for medications to be administered by staff. In order for medications to be administered by our staff, it must be brought to camp in its original container with clearly written directions for use.

\_\_\_\_\_  
Signature of Parent/Guardian

**Photographic Release**

**I do hereby consent and authorize Manchester Recreation Department Day Camp Program to reproduce photographs or videos taken of my child for advertising and publicity purposes.**

\_\_\_\_\_  
Signature of Parent/Guardian

**Would you be interested on talking to the children about your job and/or hosting a Day Camp field trip at your place of employment? Yes or NO**

**Place of employment:** \_\_\_\_\_

## Hold Harmless Agreement / Waiver

The undersigned \_\_\_\_\_ who has given permission by the City of Manchester to use all city facilities for Day Camp activities  
(Camper's name)

Hereby executes this agreement with the understanding that this release is part consideration for the city allowing the above camper privileges in using all city facilities.

In consideration of the privilege of using all City Facilities of Manchester Tennessee, I/We, and camper listed above hereby remise, release, and forever discharge the City of Manchester, Manchester Parks & Recreation Department and its officers and employees, and volunteers from any actions, suits, damages, claims, or judgments that may result from any personal injury or other damages sustained while on the premises of the City of Manchester, Manchester Parks & Recreation Department. I/We further relieve the City of Manchester, Manchester Parks & Recreation Department, and its officers and employees, and volunteers from liability for loss or damage to any personal property that may be damaged, lost, or stolen while in the premises.

In cases in which this release is signed by parents or guardians for a child under age 18, the parents or guardians assume the risk of injury to the child, or loss of or damage to personal property and release the city and its officers and employees, and volunteers from all claims suits, damages, or judgments that may result from these injuries or losses that the parents or guardians might have against the City of Manchester, Manchester Parks & Recreation Department or its officers or employees or volunteers.

In witness whereof, I/We \_\_\_\_\_ have executed this release on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(parent/guardian name)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent / Guardian Signature

### Liability Release

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims or damages for death, personal injury or property damage which I may have, or which my hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the City of Manchester, Tennessee, its officers, employees or volunteers from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risk. It is further understood and agreed that this waiver, release, and assumption of risk it be binding on my heirs and assigns.

### Parental Consent (To be completed if applicant of under 18 year of age)

I give my consent for my son/daughter \_\_\_\_\_ to participate in the above activity, and I execute the above liability release on his/her behalf.

### Consent to Treat

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Manchester Parks & Recreation Department provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location if the activity or the nature of the illness or injury may require the use of emergency medical personnel.

\_\_\_\_\_  
(Name of personal physician)

\_\_\_\_\_  
(Physician telephone number)

\_\_\_\_\_  
(Address of physician)

\_\_\_\_\_ I DO NOT give my consent to treat and request the medical or surgical services be withheld.

### READ BEFORE SIGNING

I have read and understand the foregoing registration form, liability release form, parental consent and consent to treat forms and agree to all of their terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Print Name

## Day Camp Health Form

Camper's Name: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all medical conditions, food and drug allergies, behavior problems or special considerations needed:

Food Allergies:

\_\_\_\_\_

Drug Allergies:

\_\_\_\_\_

Behavior Problems or Special Conditions:

\_\_\_\_\_

\_\_\_\_\_

Staff may contact you to provide additional information on how to best accommodate your child's needs.

This form will be used for emergency purposes and will accompany staff at all times. All information must be completed prior to your child's registration. Request for camp reservations will not be processed until all necessary forms are completed and on file. Without these forms your child will not be allowed to participate.

### Liability Release

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which my hereafter accrue to me as a result of participation said event. (Daycamp) This release is intended to discharge in advance the City of Manchester, Manchester Recreation Department, its officers, employees, and volunteers from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

### Parental Consent:

I give my consent for my son/daughter \_\_\_\_\_ to participate in the above

Name of Participant

activity, and I execute the above liability release on his/her behalf. I have read and understood the foregoing registration form, liability release form and parental consent, and agree to all their terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship