

Farmville Summer Adventure Camp Enrollment Form

* PLEASE PRINT CLEARLY *

Circle Week(s) Attending			
Week 1	Week 2	Week 3	Week 4
	Week 5	Week 6	Week 7

PARTICIPANT INFORMATION

Camper #1 Name: Age:	Birth Date:	Shirt size: YS YM YL AS AM AL
Camper #2 Name: Age:	Birth Date:	Shirt Size: YS YM YL AS AM AL
Camper #3 Name: Age:	Birth Date:	Shirt Size: YS YM YL AS AM AL

PARENT/GUARDIAN INFORMATION

Residential Address:		City/Zip:
Mother's Name:	Home Phone:	Cell Phone:
Employer:	Work Phone: Extension:	Email:
Father's Name:	Home Phone:	Cell Phone:
Employer:	Work Phone: Extension:	Email:

EMERGENCY INFORMATION:

In case of an emergency, which hospital do you prefer?

Doctor:	Phone:
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Allergies/Reaction (include food, drug, other allergies) :
Specify which child:

This participant is free of infectious disease.	Yes _____ No _____
This participant is up to date on all immunizations.	Yes _____ No _____
This participant is able to participate in recreation activities <i>Participation limitations and/or restrictions</i> _____	Yes _____ No _____
Will the participant take medication during the summer? <i>If Yes, a Medication Authorization Form must be completed! (Page 8)</i>	Yes _____ No _____

SPECIAL ACCOMMODATIONS

If necessary, please describe any accommodations (medical, physical, or behavioral needs) and/or other information that will assist camp staff in helping your child get the most out of our camp. (SPECIFY CHILD'S NAME)

FOR OFFICE USE ONLY:

First week/day: _____ Staff initials: _____

Farmville Summer Adventure Camp Releases & Policies

Initial	SWIMMING
	Swimming involves transportation/and or walking to and from public/private pools. All Campers must have written permission before being allowed to swim in the deep end. A swim test may be conducted.
Initial	FIELD TRIPS
	Day Camp activities involve transportation to and from destinations. Some field trips may require a separate nominal fee. By signing below, I grant permission for my child(ren) to be transported to field trips during the day camp programs. My signature also acknowledges that I may be required to provide additional fees for specific field trips.
Initial	EMERGENCY CLAUSE
	In the event I cannot be reached in an emergency, I hereby give my permission to employees of this Summer Camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.
Initial	RELEASE CLAUSE
	The undersigned hereby releases and holds harmless this Summer Camp and any officers, employees or agents thereof, including without limitation the Farmville Parks and Recreation, Town of Farmville, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.
Initial	LATE DROP OFF POLICY
	All campers must be dropped off not later than 8:30am. This is especially important on field trip day. The bus WILL NOT wait for any camper not dropped off by the specified time, no exceptions
Initial	LATE PICK-UP POLICY
	All Campers must be picked up from camp no later than 6:00 pm. Any parent arriving late will be charged \$10.00 for each 20 minutes he or she is late. <i>Campers will not be allowed to return to Camp until this fee is paid.</i> If a parent is late more than three times, the child will not be allowed to return to Camp.
Initial	BEHAVIOR POLICY
	For most behavior issues, the first occurrence will result in a warning. All other occurrences will result in a time out of activities. Write ups result in: (1) Warning; (2) 1-3 days suspension; (3) 3-5 days suspension; and (4) Expulsion from camp. I have read and agree to the more detailed list on the camp guidelines page.

I agree to all the releases and policies stated above:

Signature of Responsible Party _____ Date: _____

Farmville Summer Adventure Camp

PARTICIPANT INFORMATION

CAMPER #1 NAME:		MEDICATIONS <i>YES NO</i>	MEDICATION NAME:
CAN YOUR CHILD BE PHOTO-GRAPHED: <i>YES NO</i>	Only in shallow area Y/N	Deep End Y / N	Diving boards and Slides Y/ N (Height Restrictions)
CAMPER #2 NAME:		MEDICATIONS <i>YES NO</i>	MEDICATION NAME:
CAN YOUR CHILD BE PHOTO-GRAPHED: <i>YES NO</i>	Only in shallow area Y/N	Deep End Y / N	Diving boards and Slides Y/ N (Height Restrictions)
CAMPER #3 NAME:		MEDICATIONS <i>YES NO</i>	MEDICATION NAME:
CAN YOUR CHILD BE PHOTO-GRAPHED: <i>YES NO</i>	Only in shallow area Y/N	Deep End Y / N	Diving boards and Slides Y/ N (Height Restrictions)

Pick-Up Authorization

Parents & Guardians: Please include yourselves on this form!

Parent/Guardian #1 _____

Parent/Guardian #2 _____

Emergency Contact #1 _____

**Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone _____ Cell or Work Phone _____ Relationship _____

Emergency Contact #2 _____

**Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone _____ Cell or Work Phone _____ Relationship _____

Authorized Person #1 _____

Home Phone _____ Cell or Work Phone _____ Relationship _____

Authorized Person #2 _____

Home Phone _____ Cell or Work Phone _____ Relationship _____

***Name of person(s) NOT allowed to pick up my child:** _____

Appropriate custody paperwork must be attached if a **parent is not allowed to pick up a child.*

Office use only:

Sunscreen/Insect Repellant

If needed, parents should apply sunscreen and insect repellant before the participant comes to camp. Parents are also encouraged to pack extra sunscreen and insect repellant that your camper may need throughout the day. There will be plenty of breaks to apply these items. Campers should not share these items, and they should be kept in their belongings. Spray sunscreen and repellant are good options for camp. Siblings and counselors can assist campers in applying these items only to exposed skin in areas that the camper cannot reach (back/shoulders/neck).

Dress Code

(Participants & Staff)

Participants should come to camp dressed in cool, comfortable clothing. Shorts and a short sleeve shirt. For swim days, campers should wear a suit with full coverage. For females, this means a one-piece bathing suit, and for males this means regular length board shorts. Participants with long hair may wish to bring a tie for their hair.

- No revealing clothes.
- No bikini or speedo bathing suits.
- No flip flops or sandals.
- No vulgar or profane advertisements on clothing.

Sunscreen Application Waiver

Camper Name: _____

I give permission for a staff member of Farmville Parks and Recreation Department to apply sunscreen to my child. I understand that I must supply the sunscreen with their name clearly written on the bottle.

Parent Signature: _____ Date _____

2020 NON-INJECTABLE MEDICATION AUTHORIZATION

This information is confidential and for staff use only.

Medication Forms *must be completed in full* and on file before your child can receive medication.

All medication will be given by a trained Staff Member

Please list Ibuprofen, Tylenol, etc., if your child would ever require it!

Child Name: _____ **Camp Attending:** _____ **Date:** _____

Name of Prescribed Medicine #1: _____ For treatment of: _____

Exact Dosage: _____ Time: _____

Date to begin: _____ Date to end: _____ Pharmacy: _____ RX#: _____

Prescribing Physician: _____ Physician(s) Phone: _____

Name of Prescribed Medicine #2: _____ For treatment of: _____

Exact Dosage: _____ Time: _____

Date to begin: _____ Date to end: _____ Pharmacy: _____ RX#: _____

Prescribing Physician: _____ Physician(s) Phone: _____

Name of Prescribed Medicine #3: _____ For treatment of: _____

Exact Dosage: _____ Time: _____

Date to begin: _____ Date to end: _____ Pharmacy: _____ RX#: _____

Prescribing Physician: _____ Physician(s) Phone: _____

Please do not send more than a one-week supply of medication at a time.

Please note: If the prescription for the specified medication should change during the year, a *new form* will need to be completed with the new prescription information.

Medication ***MUST*** be sent in a properly labeled container (most pharmacies will give you duplicate bottles). If the prescription changes, please send a *new* properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be accessible to be used as required. This is for the safety of all children.

Over-the-counter medications must be sent in the original containers and require a completed Medication Form on file. Per policy these can only be given for three days. Beyond three days, a written order from an authorized prescriber will be required.

Signed _____ Date _____

*The above-signed recognizes that the Farmville Parks and Recreation staff member, who will be responsible for administering the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication; and further acknowledges that neither such person, the Town of Farmville, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label. The undersigned also authorizes a staff member of Farmville Parks and Recreation to administer the medications listed above.