

**(CIRCLE) CAMPS YOU ARE REGISTERING FOR:** (Numbers indicate sessions)

**\*\*\*If you have completed a 2013 Day Camp Registration Form, do NOT complete this form\*\*\***

Other Custodial Guardian	
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**Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

**Status:** ☐ Single ☐ Married ☐ Divorced ☐ Remarried ☐ Absent ☐ Other: \_\_\_\_\_

**Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone/Pager:** (\_\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Authorized to pick up youth from camp:** ☐ Yes ☐ No

**Persons authorized to pick up your child:** Any changes in this list must be in writing.

Name: \_\_\_\_\_  
 Phone (Wk): \_\_\_\_\_ (Hm): \_\_\_\_\_  
 Cell Phone/Pager: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Authorized to pick up child ☐ Yes ☐ No

Name: \_\_\_\_\_  
 Phone (Wk): \_\_\_\_\_ (Hm) : \_\_\_\_\_  
 Cell Phone/Pager: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Authorized to pick up child ☐ Yes ☐ No

Name: \_\_\_\_\_  
 Phone (Wk): \_\_\_\_\_ (Hm): \_\_\_\_\_  
 Cell Phone/Pager: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Authorized to pick up child ☐ Yes ☐ No

Name: \_\_\_\_\_  
 Phone (Wk): \_\_\_\_\_ (Hm) : \_\_\_\_\_  
 Cell Phone/Pager: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Authorized to pick up child ☐ Yes ☐ No

**Emergency Numbers:** Please give the name, address and phone number of three people that may be notified in case of emergency or illness, when parents or guardian are not available. These people should live in the Gainesville area. Please provide a telephone number where these people may be reached during program hours. All must be able to pick up your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Health History and Preferences for Medical Treatment:

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

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth's Insurance Co. \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Youth's Policy Number: \_\_\_\_\_

**Is your child currently taking any medications? If so, what, when, and why?**

(If given during the day, please complete Authorization to Administer Medication on page 5.)

**Does your child have any allergies (drugs, food, milk, latex, chemicals, etc....)?** ☐ Yes ☐ No

**To what?** \_\_\_\_\_

**What are the effects of the allergy on your child and what needs to be done?**

If allergies are listed, you are required to send Benadryl, Epi-Pen, or other medication on a daily basis. Please complete the Authorization to Administer Prescribed and Non-Prescribed Medication section on Page 5.

**List any disability, chronic or recurring illness or conditions (Asthma, Diabetes, etc...) your child has:**

If Asthma is listed, you are required to send an inhaler on a daily basis. If Diabetes is listed, you are required to send appropriate medication, testing equipment, and/or food on a daily basis. Please complete the Authorization to Administer Prescribed Medication section on Page 5.

**List any special needs (ADD, ADHD, Autism, Asperger's, Down's) your child has:**

**Is there any other information you would like to give us about your child to help us better care for them?**

**Is your child currently on a behavior plan at school?** ☐ Yes ☐ No **If Yes, please explain:**

**Does your child have a 1 on 1 Aide at school?** ☐ Yes ☐ No **Outside of school?** ☐ Yes ☐ No

**Parent/Guardian Authorizations and Acknowledgments**  
The following statements **MUST** be initialed by you for your child to attend camp.

**Agreement to Adhere to the Policies/Procedures and Expectations:** The information contained above and herein is complete and correct, and that the referenced youth is able to engage in all program activities except where limitations have been noted. I acknowledge that the above referenced youth and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Parent/Youth Packet. Further, I and the above referenced youth agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so by either myself or my child will result in dismissal from the program.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Responsibility of Child Care:** I understand that Gainesville Parks and Recreation's responsibility for my child ends when an authorized adult or myself has signed out my child from the program. I understand that I am not to leave my child at the program site unless released to a program staff member who is there to receive/supervise my child. Additionally, if I arrive after camp begins each morning and the rest of the camp has already departed for the day, I understand that it will be my responsibility to find alternate child care for my child for that day.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Information Update Acknowledgment:** I acknowledge my responsibility for keeping GPRA advised of significant changes in enrollment information concerning phone numbers, work locations, emergency contact, family physicians, etc.... I understand that any changes must be made in writing and submitted to the GPRA Main Office.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Authorized Child Pick-Up:** I understand that my child will not be released to any person that has not been designated on the program registration form as "authorized to pick up". I understand that additions to the "authorized to pick up" list must be made in writing and faxed or delivered to the Gainesville Parks and Recreation Office or Camps Director prior to the time this person is scheduled to pick up my child. I also understand that should an authorized person arrive to pick up my child that exhibits behavior as if under the influence of drugs or alcohol, the Gainesville Parks and Recreation staff reserves the right to not release your child to that individual if staff believes your child could be placed in possible danger. The police and/or DFCS may be contacted if another alternative is not reached.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Permission for Field Trips:** The above referenced youth has my permission to go on all scheduled field trips. I understand that if for some reason I do not want my child to attend a field trip, it is my responsibility to find alternate child care arrangements for my child on that day.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Permission to Participate in Water Activities:** The above referenced youth has my permission to participate in activities that involve water (creeks, waterfalls, lakes, etc...), water parks and swimming pools while under the supervision of the Gainesville Parks and Recreation staff or their representatives.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Authorization for Emergency Medical Attention:** In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to the program staff or their representatives to transport the above mentioned child to the nearest emergency facility and/or to secure the intervention of medical personnel deemed to be necessary treatment, including hospitalization. This treatment and emergency transportation (ambulance and / or life flight) will be my own financial responsibility.

\_\_\_\_\_/\_\_\_\_\_**initials**

**State Mandated Reporters of Child Abuse and Neglect:** I understand that state law mandates Gainesville Parks and Recreation to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Lost/Stolen/Broken Objects:** I understand that Gainesville Parks and Recreation, its staff, and partners will not be held responsible or liable for lost/stolen, and/or broken objects of the camper at camp. It will be the responsibility of the camper's family to replace any such objects.

\_\_\_\_\_/\_\_\_\_\_**initials**

**Parent/Guardian Authorizations and Acknowledgments**  
The following statements **MUST** be initialed by you for your child to attend camp.**\*\*\* Waiver/Indemnification for Participant by Parent or Guardian \*\*\***

"I agree to protect the Gainesville Parks and Recreation Agency and the City of Gainesville against any claim for damages, compensation or otherwise on the part of my child or any other party, growing out of or resulting from injury to my child while participating in this program, and to reimburse or make good any loss or damage or costs that the Gainesville Parks and Recreation Agency and/or the City of Gainesville may have to pay if any litigation arises from injury to my child, and I hereby waive any and all rights of exemption, both as to real and personal property, to which I may be entitled under the laws of this or any other State as against such claims for reimbursement or indemnity by the Gainesville Parks and Recreation Agency or the City of Gainesville."

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

**\*\*\* City Transportation Waiver \*\*\***

By signing below, I agree to allow my child to participate in the above program. I hereby release, absolve, and hold harmless the City of Gainesville, the Gainesville City Board of Education and School System, Gainesville Parks and Recreation, as well as its representatives, successors, and assigns for any and all claims for personal injury, property damage, death, or other damages sustained while participating in a City program and/or traveling in a City vehicle / bus. The above referenced youth has my permission to be transported by the Gainesville Parks and Recreation staff or the Gainesville City School System or their representatives in approved vehicles. I understand that no transportation will be provided to or from camp / home.

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

**\*\*\* Notification of Identification Process \*\*\***

Please be advised that all persons picking up your child are subject to having to show a photo ID in order for us to release your child to them. Additionally, your child will not be released to any person refusing to show ID.

*This is a precautionary measure to ensure the safety of your child.*

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

**Optional Acknowledgements & Permissions**

Please read the following statements and complete only if they are applicable to your child.

**\*\*\* Authorization to Administer Prescribed or Non-Prescribed Medication \*\*\***

I hereby request the Gainesville Parks and Recreation Agency, through its designated authority, to administer the medication herewith provided, in it's properly labeled container, according to the instructions contained on the statement below, to my child \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Time Medication is to be given during the day : \_\_\_\_\_

Expected Duration of Administration of Medication: \_\_\_\_\_

Possible Side Effects, if any \_\_\_\_\_

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

**\*\*\* Authorization to Photograph \*\*\***

Gainesville Parks & Recreation asks for permission to take photographs of you and/or your family members during camp activities. These photographs will only be used for City promotional and informational purposes in print, on the city website or other broadcast media and will involve no compensation to you for any photograph.

\_\_\_\_ YES, I give my permission for my child / family members to be photographed.

\_\_\_\_ NO, I **do not** give my permission for my child / family members to be photographed.

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