City of Webster Ultimate Slammin Summer Camp Program Registration

Child's Name: (Last)	(First) Gender DOB:					
		Relationship to Child:				
Home Address:(Street)		(City)	(State)	(Zip)		
Home Telephone:						
Cell Phone/Pager:	TDL #:(Must have for identification purposes)					
Authorized to pick up child: ☐ Yes ☐ No	Email: nly if applicable—					
Spouse's Name:		Relation				
Office Telephone:	Cell Phone	e/Pager:				
TDL #:(Must have for identification purposes)	Authorize	d to pick up child:	☐ Yes ☐ No			
	Relationship to Child:					
Home Address:(Street)		(City)	(State)	(Zip)		
Home Telephone:	Office Tel		(State)	, -,		
Cell Phone/Pager:	TDL #:	(Must have for	identification purp	oses)		
Authorized to pick up child: ☐ Yes ☐ No	Email:					
additional persons to be contacted/consu			<u> </u>			
Name:Relationship to Child:	Name: Relationship to Child:					
Home Telephone:	Home Tel	Home Telephone:				
Office Telephone:	Office Telephone:					
TDL #:(Must have for identification purposes) Authorized to pick up child: Yes No	TDL #:(Must have for identification purposes) Authorized to pick up child: □ Yes □ No					
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City of Webster Ultimate Slammin Summer Camp Program Parent/Guardian Authorizations and Acknowledgements

Child's Name:
I understand that the City of Webster's camp supervision for my child begins when my child arrives at a City of Webster facility and is checked in by City of Webster camp personnel. I understand that I am not to leave my child at a City of Webster program site unless released to a City of Webster camp staff person who is there to receive and supervise my child.
I understand that the City of Webster's responsibility for my child ends when an authorized adult has signed my child out from the camp program.
I understand that my child will not be released to any person not listed as "authorized to pick up child." I understand that additions to the "authorized to pick up my child" list must be made in writing and given to the camp director prior to the time this individual is scheduled to pick up the child. I also understand that any authorized person who arrives to pick up my child and exhibits behavior as if under the influence of drugs or alcohol will not be allowed to check out my child. The City of Webster reserves the right to refuse the release of a child to any individual if the child will be in danger. The police and/or CPS may be contacted if other arrangements cannot be made.
My child has my permission to be transported by the City of Webster staff or their representatives.
My child has my permission to attend all scheduled field trips.
My child has my permission to participate in activities that involve water while under the supervision of the City of Webster staff or its representatives.
The City of Webster has my permission to use photographs of my child participating in the Ultimate Slammin Summer program for the purposes of advertisement or general informative articles concerning the Ultimate Slammin Summer program. This may include the "Gateway," the City of Webster Website, and local newspapers.
I understand that City of Webster staff and volunteers are not allowed to baby-sit or transport children at any time outside the City of Webster program.
I understand that state law mandates the City of Webster to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither the City of Webster nor its representatives shall be held liable or responsible for medical treatment in such case of illness, accident, or other emergency situation as may occur while my child is participating in the City of Webster summer programs.

Date

Signature of Parent/Guardian

City of Webster Ultimate Slammin Summer Camp Program Preferences for Medical Treatment

Child's Name:			Gender	DOB:		
Child's Name:(Last)	(First)	(M.I.)	\square M \square F	Age:		
Hospital Preference:		Phon	e:			
Physician's Name:		Phon	e:			
In order for us to provide your child with the child's insurance	he best possible service it is reco card. If you elect not to do so, p			staff with a copy of your		
Child's Insurance Co.:	Policy Number:		Pho	one:		
Policy Holder's Name:		Relation to Child:				
Recor	nmendations and Restrictions	While at Camp)			
Please list any medications to be administered	l at camp (separate form must be	completed):				
Please list any medications that are normally t	taken and are temporarily being o	discontinued: _				
Please list any allergies:						
Please list any activities that need to be limite	d or restricted while at camp:					
 All medication to be administered at cam All medication is dispensed according to 	p must be in the original contain	er and accompa	nied by a con	apleted medication form.		
In the event that I cannot be reached to make or their representatives to transport the abov medical personnel deemed to be necessary tre	re mentioned child to the neares	t medical facil				
Signature of Parent/G	Juardian		Date			

City of Webster Ultimate Slammin Summer Camp Program 2016 Session Selection

Child's Name:					
Instructions: During the Registres spots are available. If you would I check the appropriate boxes in that sion. You will be assigned a wait sen to wait for the vacancy fill dat the vacancy waiting list. Please as	ike to be added t column. Staff ing list number e. On April 30t	to the vacancy will then con for any session h we will fill a	waiting list for firm the registre that is full, or any vacancies r	any of the remaining sessions ation on our lists for each ses for any session you have cho emaining in the program usin	
Session	Register	Vacancy Waiting Lis	t		
Session I (June 13- 24) Just Ballin	_				
Session II (June 27 - July 8 <i>Living in Paradise</i>					
Session III (July 11 - July 22) A Ticket to Boardwalk					
Session IV (July 25 - August 5) Just Puttin Around					
	Please check y	our child's t-s	shirt size:		
□ YS		YM	☐ YL		
□ AS	□ AM	0	AL	□ AXL	
RESIDENTS (PER SESSION): \$75.00 for the 1st child \$65.00 for each additional child \$20.00 extra for Extended Hours 8a.m-5p.m Camp Hou		Non-RESIDENTS (PER SESSION): \$200.00 for the 1st child \$180.00 for each additional child \$40 extra for Extended Hours 8a.m5p.m. ours: 9a.m4p.m.			
	P	г			
Signature of Paren	t/Guardian		Da	te	