



SUMMER CAMP REGISTRATION FORM 2021



Children going into 1st grade for the upcoming school year (2021-2022) through age 12 (must be under age 13 prior to camp starting).

1 CAMPER #1 INFORMATION:

☐ Male ☐ Female

Child's Name (First & Last): _____

Date of Birth: _____ Age at time of Camp: _____ Grade entering this Fall: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

List any Allergies and/or Dietary Restrictions: _____

T-shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X- Large

Check one box: ☐ 5 Camp T-shirts ☐ 4 Camp T-shirts and 1 Swim Shirt

CAMPER #2 INFORMATION:

☐ Male ☐ Female

*Skip this section if you only have one child participating in Summer Camp.

Child's Name (First & Last): _____

Date of Birth: _____ Age at time of Camp: _____ Grade entering this Fall: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

List any Allergies and/or Dietary Restrictions: _____

T-shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X- Large

Check one box: ☐ 5 Camp T-shirts ☐ 4 Camp T-shirts and 1 Swim Shirt

2 ACCOUNT HOLDER/PARENT #1/GUARDIAN #1 INFORMATION: (all correspondence will be sent to this person)

Name (First & Last): _____ Date of Birth: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Camper: ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____ Custodial Parent? ☐ Yes ☐ No

3 PARENT #2/GUARDIAN #2/NON-CUSTODIAL PARENT: (☐ Check box if correspondence is wanted by this person as well)

Name (First & Last): _____ Date of Birth: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Camper: ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____ Custodial Parent? ☐ Yes ☐ No

Non-Custodial Parent: ☐ Should be contacted in case of emergency and has permission to pick up camper(s).



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4 EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp in the event that you are unable to do so.

Name: _____	Name: _____	Name: _____
Relationship to Camper: _____	Relationship to Camper: _____	Relationship to Camper: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Cell/Work Phone: _____	Cell/Work Phone: _____	Cell/Work Phone: _____

Name: _____	Name: _____	Name: _____
Relationship to Camper: _____	Relationship to Camper: _____	Relationship to Camper: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Cell/Work Phone: _____	Cell/Work Phone: _____	Cell/Work Phone: _____

5 CAMPER #1 MEDICAL HISTORY

Child's Name (First & Last): _____

Physician's Name: _____ Physician's Phone Number: _____

Physician's Address: _____

Insurance Company: _____ Group/I.D. No.: _____

Medical or Chronic Conditions: ☐ Yes ☐ No If Yes, please list: _____

Allergies: ☐ Yes ☐ No If Yes, please list: _____

Medication(s) currently taking: _____

Additional health care information or behavioral issues the City should be aware of regarding your child: _____

CAMPER #2 MEDICAL HISTORY

*Skip this section if you only have one child participating in Summer Camp.

Child's Name (First & Last): _____

Physician's Name: _____ Physician's Phone Number: _____

Physician's Address: _____

Insurance Company: _____ Group/I.D. No.: _____

Medical or Chronic Conditions: ☐ Yes ☐ No If Yes, please list: _____

Allergies: ☐ Yes ☐ No If Yes, please list: _____

Medication(s) currently taking: _____

Additional health care information or behavioral issues the City should be aware of regarding your child: _____



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6 MEDICATION POLICY FOR MINORS

Any medication given to a minor child while under care and supervision of the City of Greenwood ("City") must be pre-provided in its original container with the child's name clearly marked on it. All medication must be accompanied by a Medication Authorization Form with the following information on it:

- Child's Full Name • Child's Date of Birth • Full Name of Medication • Dosage of Medication • Time to be given
- Number of days to be administered • Physician's Name • Physician's Address • Physician's Phone Number

City staff is NOT permitted to give the first dose of any prescription medication. Prescription medication provided to City should not exceed a forty-five (45) day supply. Over the counter medication must be in an original unopened container. If medication is not picked up within one week following the termination of the authorization or beyond the conclusion of the program, it shall be destroyed. If your child refuses to take medication, we will contact you (and if not able to reach you, the physician listed on the Medication Authorization Form) for additional instructions. All medications must be given to City staff and shall be stored in a secure, safe location. Children are not permitted to store or carry their own medication.

7 SUMMER CAMP CHECK-IN/CHECK-OUT POLICY

For the protection of each child, the City of Greenwood requires that all children be properly checked in by an adult each day and turned over to the care of City staff. **Check-in begins at 6:45am.** Regular check-in times are between 6:45am-8:00am and anything after 8:00am is considered a "late arrival". In the event of a late arrival to summer camp, such requests must be made in advance via email with the Youth Programming & Activities Coordinator. Our staff will do their best to accommodate late arrivals.

Similarly, all children are now required to be checked out by an authorized adult at the end of each day. **All children must be checked out by 5:45pm.** Regular check-out times are between 4:00pm-5:45pm and anything prior to 4:00pm is considered an "early departure" from summer camp. In the event of an early departure from summer camp, such requests must be made in advance via email with the Youth Programming & Activities Coordinator. Our staff will do their best to accommodate early departures. In order to be respectful of our staff and their family time, parents who arrive after 5:45pm will be assessed \$5.00 for every five minutes after 5:45pm per child late fee (5 minutes=\$5.00, 6-10 minutes=\$10.00, 11-15=\$15.00, etc.). Failure to pay the late fee by the next Summer Camp program day may result in removal from the program. After three late check-outs, we will ask that you make other arrangements for your child for the summer.

Only those persons who are designated on the child's authorized pick-up list will be allowed to check-out the child(ren) from summer camp. Photo identification will be required each day. All authorized persons must be 18 years of age or older in order to pick-up children. All changes to the authorized pick-up list must be done in writing by the person who registered the child for camp. Oral or telephone requests will not be honored.

In the unfortunate event of a difficult/dangerous custody situation where a court order is in place, please contact City staff to set up guidelines regarding the release of your child. You must provide us with copies of any court documents regarding the restriction of release of children in our care.

City Staff will not release children into the care of any adult who appears intoxicated or under the influence of drugs. In such cases, if the adult insists on removing the child from the premises, staff will involve local law enforcement.

8 BEHAVIOR GUIDELINES AND DISCIPLINE POLICY

We will use the character traits within the CHARACTER COUNTS! Program to help instill a positive and safe environment for the campers to engage, play, learn and grow.

- TRUSTWORTHINESS** • Be honest in communications and actions • Don't deceive, cheat or steal • Be reliable — do what you say you'll do
- Have the courage to do the right thing • Build a good reputation • Be loyal — stand by your family, friends, and country • Keep your promises
- RESPECT** • Treat others with respect and follow the Golden Rule • Be tolerant and accepting of differences • Use good manners, not bad language
- Be considerate of the feelings of others • Don't threaten, hit or hurt anyone • Deal peacefully with anger, insults, and disagreements
- RESPONSIBILITY** • Do what you are supposed to do • Plan ahead • Be diligent • Persevere • Do your best • Use self-control • Be self-disciplined
- Think before you act • Be accountable for your words, actions and attitudes • Set a good example for others • Choose a positive attitude
- Make healthy choices
- FAIRNESS** • Play by the rules • Take turns and share • Be open-minded; listen to others • Don't take advantage of others
- Don't blame others carelessly • Treat all people fairly
- CARING** • Be kind • Be compassionate and show you care • Show Empathy • Express gratitude • Forgive others and show mercy
- Help people in need • Be charitable and altruistic
- CITIZENSHIP** • Do your share to make your home, school, community and greater world better • Cooperate • Get involved in community affairs
- Stay informed; vote • Be a good neighbor • Obey laws and rules • Respect authority • Protect the environment • Volunteer



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Staff will allow campers to help with making the Camp Rules on the first day. The following unacceptable behaviors that will not be tolerated at camp and could result in immediate expulsion, include:

- Endangering the health and safety of other children and/or staff
- Bullying, teasing and making fun of campers and/or staff
- Fighting and physical violence
- Using profanity, vulgarity or obscenity
- Stealing or damaging property

We will employ the following discipline procedures:

- 1) Staff will redirect the camper to more appropriate behavior.
- 2) If inappropriate behavior continues, the camper will be reminded of camp rules and behavior guidelines. The camper will be asked to decide on action steps to correct his/her behavior.
- 3) If a child's behavior still does not meet expectations and it's affecting the experience of other campers, he/she will be given a short time-out period to reconsider his/her actions.
- 4) Incident reports will be completed for any inappropriate action/behavior.
- 5) Campers who have had multiple instances of inappropriate behavior will have a conference with staff and parents by phone or at the end of camp day.
- 6) If inappropriate behavior continues, as a final action step, the camper may be dismissed from camp.
(Please note – Camper fees are non-refundable if a camper is sent home for disciplinary reasons).

9 GENERAL RELEASE: I, the parent or legal guardian of the above named child(ren), hereby give my permission for my child(ren) to participate in the City's Summer Camp Program. I certify that I have received any and all information which I deem, necessary or important in making an informed choice regarding my child(ren)'s participation in the program. I acknowledge the risks inherent in my child(ren)'s participation in the program. In consideration for my child(ren)'s participation in the program, I hereby voluntarily agree to assume all risks of his/her participation in the program and agree to release and hold harmless the City, its employees, agents, and assigns from any loss, liability, claim of bodily injury or death, or property damage or costs which may arise due to my child(ren)'s participation in the program, including claims arising out of the negligence of the City and its employees. (Initials)

MEDIA RELEASE: In exchange for my child(ren)'s participation in the Program, I hereby give the City and all person acting with its permission or upon its authority the absolute right and permission to take, copyright, use, reproduce, edit, broadcast and publish photographs, video footage, sound track recordings, or film of my child(ren), in whole, in part or in composite form for the purposes of City art, advertising, education, or promotion without compensation to and/or claim by me. I agree that the images become the exclusive property of the City and I waive all rights thereto. I additionally waive the right to inspect and/or approve of any printed material that may be used in conjunction with the image and the use to which it may be applied. I agree that my consent and this release are irrevocable. I hereby release and discharge the City and third parties collaborating with the City from any and all claims in connection with the uses described herein. (Initials)

MEDICAL TREATMENT AUTHORIZATION: If reasonable attempts to contact me have been unsuccessful, the undersigned parent/legal guardian, of the above minor(s) hereby give permission to City personnel to secure emergency medical treatment, including, but not limited to, first aid, CPR, admission to any hospital, tests, dental procedures, surgery, and general anesthesia so long as the care is provided by medical professional or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the City to secure and administer treatment, including hospitalization, for the child(ren) named above. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of the City, or any of its agents, volunteers, or employees. (Initials)

FIELD TRIP PERMISSION: I, the parent or guardian of the above named child(ren), hereby give permission for my child(ren) to attend any Program field trip. I understand that this permission allows the City and its employees and agents to provide transportation for my child(ren) to and from the field trip. I acknowledge the risks inherent in my child(ren)'s participation in field trips. In consideration for my child(ren)'s participation in field trips, I hereby voluntarily agree to assume all risks of his/her participation in field trips and agree to release and hold harmless the City, its employees, agents, and assigns from any loss, liability, claim of bodily injury or death, or property damage or costs which may arise due to my child(ren)'s participation in field trips, including claims arising out of the negligence of the City and its employees. (Initials)

MOVIE PERMISSION: I hereby give permission for my child(ren) to view any PG or lower rated movie as part of the Program. (Initials)

SUNSCREEN AND INSECT REPELLENT PERMISSION: I authorize the City to administer sunscreen and/or insect repellent to my child(ren). I agree to inform the City of any changes in the above information. I hereby authorize and agree to hold harmless the City for the administration of the above substances. I hereby release any and all claims that I may lawfully release at this time for acts or omissions arising out of the administration of the above substances in accord with the grant of permission. (Initials)



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10 PAYMENT INFORMATION

- ☐ March 1st - **\$265.00** (includes **\$75.00** Non-Refundable Fee) ☐ April 1st - **\$240.00** ☐ May 1st - **\$240.00** ☐ June 1st - **\$240.00**
☐ Paid in Full - **\$985.00** (includes **\$75.00** Non-Refundable Fee)

11 SIGN HERE

Signature of Parent or Legal Guardian

Date

MEDICATION AUTHORIZATION FORM

- ☐ PRESCRIPTION ☐ OVER THE COUNTER

Child's Name (First & Last): _____

Child's Date of Birth: _____

Name of Medication: _____

Dosage of Medication: _____

Time(s) to be given: _____

Dates to be administered: _____

Prescribing Physician's Name: _____

Prescribing Physician's Address: _____

Prescribing Physician's Phone Number: _____

Date first dose of medication given: _____

I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I authorize the City to administer the prescription/over the counter medications noted herein. I acknowledge that in the event of a true emergency, the use of some medication not previously approved by me may be necessary. In such an event, I authorize the City to administer medication without my approval. I agree to inform the City of any changes in the above information. I hereby authorize and agree to hold harmless the City for the administration of the above medications. I hereby release any and all claims that I may lawfully release at this time for acts or omissions arising out of the administration of medication in accord with this grant of permission.

12 SIGN HERE

Signature of Parent or Legal Guardian

Date



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