**Participant Information (one per child)**

Last name \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Preferred Name \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_City \_\_\_State \_\_\_\_\_ \_\_\_\_Zip\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M / F \_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Grade Entering (As of August 31, 2024) \_\_\_\_\_\_\_\_\_

Participant T-Shirt Size (Circle Size) YS YM YL AS AM AL AXL  **Please Check the Week(s) Participant Will Be Attending Summer Camp**

\_\_\_\_\_Entire Summer

\_\_\_\_\_Week #1 - 6/3 \_\_\_\_\_\_Week #2 - 6/10 \_\_\_\_\_\_Week #3 - 6/17 \_\_\_\_\_Week #4 – 6/24 \_\_\_\_\_Week #5 – 7/1

\_\_\_\_\_Week #6 – 7/8 \_\_\_\_\_\_Week #7 – 7/15 \_\_\_\_\_\_Week #8 – 7/22 \_\_\_\_\_\_Week #9 – 7/29 \_\_\_\_\_Week #10 – 8/5

Fees: City resident $90/Week - Non-City Resident $120/Week

\* **City Residents MUST bring proof of residence. $25.00 (nonrefundable) registration fee due when submitting application.
*\*\* Payments are due by Thursday prior to the upcoming week.*** ***Payments are due by the following:***

1. **Week One Payment Due- May 30th by 5:30pm**
2. **Week Two Payment Due June 6th by 5:30pm**
3. **Week Three Payment Due June 13th by 5:30pm**
4. **Week Four Payment is Due June 20th by 5:30pm**
5. **Week Five Payment is Due June 27th by 5:30pm**
6. **Week Six Payment is Due WEDNESDAY July 3rd by 5:30pm our office is closed Thursday July 4th.**
7. **Week Seven Payment is Due July 11th by 5:30pm**
8. **Week Eight Payment is Due July 18th by 5:30pm**
9. **Week Nine Payment is Due July 25th by 5:30pm**
10. **Week Ten Payment is Due August 1st by 5:30pm**

***\*\*\* If your schedule needs to change and the camper will not be there for a week they are registered, let the office know or you will be charged a $25.00 no show fee.***

**\*\*\*\*A copy of participant’s birth certificate and immunizations are due in the City Park office upon registration**

**Total Paid Upon Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shelby City Park Day Camp will provide lunch for your child during the selected weeks (except for Fridays).
Please indicated below:**

\_\_\_\_ Yes, I want Shelby City Parks to provide a lunch Mon- Thurs for my child for the weeks attending.

\_\_\_ No, I do not want Shelby City Parks to provide lunch. I will provide a bagged lunch for my child during the weeks selected.

**Parent/Guardian Information**

Mother/Guardian Last name First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_City \_\_\_\_State \_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Work# \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Cell# \_\_\_\_\_\_\_\_\_

Email

Father/Guardian Last name First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_City \_\_\_\_State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_Work# \_\_\_\_\_\_\_\_\_Cell# \_\_\_\_\_\_\_\_\_

Email

**Emergency Contact and Release Information** (Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and who are allowed to pick up the participant. Must be 16 years or older and will be required to show I.D.)

1) Name Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home# Work# \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name Relationship to child

Home# Work# \_\_\_\_Cell# \_\_\_\_\_\_\_\_\_\_

Please check the box if you authorize staff to discuss information about the participant’s behavior and other activities at camp

**Permission to Photograph**

From time to time, Shelby City Parks will take photos/videos of participants for the purpose of publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources.)

\_\_\_\_ Yes, I give consent for Shelby City Parks to photograph my child and use them for the purposes stated above. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_ No, I do not authorize Shelby City Parks to photograph my child for any event or purpose.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trips**

Shelby City Parks Summer Day Camp takes several field trips throughout the summer. These trips will be fully supervised, and transportation will be provided by the Parks Department. Please sign below if your child has permission to participate.

**\*\*If your child does not participate in the field trip, they will not be allowed to attend camp the day of the assigned field trip.**

Parental/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Care Information**

Physician’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I acknowledge that:**

* The City of Shelby provides no insurance coverage for participants.
* I have read, understand, and agree to the Summer Camp Program Payment & Behavior Policies.
* In the event of a medical emergency, every effort will be made to contact parents/legal guardian(s). I authorize the City of Shelby staff to seek appropriate medical care if a parent/legal guardian cannot be reached.

***Signatures are required to complete the registration process.***

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Date**

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_Date**

**Participant Medical Information**

Participant’s Name

The City of Shelby Parks and Recreation strives to create a safe, positive, nurturing, and fun environment for all participants. In order to ensure that we are able to provide this type of environment, please provide the following information about the participant.

**1. Known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_Food \_\_\_\_\_Medication \_\_\_\_\_Insect Stings \_\_\_\_\_Bites \_\_\_\_\_Environmental \_\_\_\_\_\_Other

**Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I want Parks and Recreation to know these medical conditions for my child:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Special medical/physical concerns: \_\_\_\_\_\_\_\_\_\_\_\_NONE**

\_\_\_Epilepsy \_\_\_\_\_Asthma \_\_\_\_\_Diabetes \_\_\_\_\_Previous Injuries \_\_\_\_\_ADD \_\_\_\_\_\_Other

**Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I want Parks and Recreation to know these medical conditions for my child:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_Yes \_\_\_\_\_No **Are you providing an EpiPen for use at the Site?**

**\_\_\_\_\_** Please check here if you **will not** be providing an EpiPen for the allergy listed above, and that you understand that Shelby City Parks and Recreations staff **DO NOT** have EpiPens.

\_\_\_\_\_Yes \_\_\_\_\_No **Are you providing an Asthma inhaler for use at the Site?**

**\_\_\_\_\_** Please check here if you **WILL NOT** be providing an inhaler for the allergy listed above, and that you understand that Shelby City Parks and Recreations staff **DO NOT** have inhalers.

* In order for rescue medication to be administered while at Shelby City Park Summer Day Camp, the required medical forms and releases **MUST** be filled out by the parent and physicians and **MUST BE** on file in the office prior to the first day the participant is scheduled to attend.
* In order for prescription medication to be administered while at Shelby City Park Summer Day Camp, the required medical forms and releases MUST be filled out by the parent and physicians and on file in the office prior to the first day the participant is scheduled to attend.

**Signature is required to complete the registration process.**

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date \_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date**

**Permission Form for Assisted Administration of Medication**

Only medications that are medically necessary and cannot be administered outside the hours of the recreation program will be given during the program. No program participant should be in possession of non-prescription or prescription medication of ANY kind. Any participant who must receive medication during the program must have on file, the appropriate signed medication form **PRIOR** to attending camp.

A. **Assisted Administration of Medication**: Summer Day camp staff maintains, provides and monitors consumption of both prescription and non-prescription medication.

B. **Self-Administration of Medication**: Older campers may self-administer inhalers, epi-pens and medication under the supervision of staff. **ALL MEDICATION** will be stored in the office. Rescue medication will be held in close proximity to camper.

**Shelby City Parks and Recreation staff only administers medication to participants if:**

* The Request for Medication form has been filled out by doctor and parent and is on file and in possession of the Shelby City Park.
* Asthma Action Plan, filled out by participant’s doctor, is on file and in possession of the Shelby City Park
* Staff will not give medication unless it is in an original container with appropriate medication within, with a visible label including the name of medication, the date of expiration, clear dosage amount, and directions with the participant’s name clearly indicated on the bottle/box.

**The Parent/Guardian is responsible for the following with ALL medication:**

* Complete and sign the Request for Medication forms and return to the program staff.
* Provide medication in an original container with appropriate medication within, with a visible label including the name of medication, the date of expiration, clear dosage amount, and directions with the participant’s name clearly indicated on the bottle/box.
* Provide new labeled containers if/when medication changes are made.
* Parents/guardians must transport medication to program site and give medication directly to program managers.
* Parent/guardian must pick up medication at the end of the time participant is to attend. Medication not picked up within 14 days following the last day of participation in the program, will be disposed of by staff.
* Program staff will not accept expired medication.
* Program staff will not give medication in dosage amounts that differ from the label, unless there is a signed note by the participant’s physician.

**Request for Medication to Be Given at Shelby City Park Day Camp**

***In order for Shelby City Park Employees to administer medication, an up-to-date Health Care Provider’s order must be on file*.**

**Health Care Provider’s Order**

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequency\_\_\_\_\_\_\_\_\_

Time(s) medication is to be given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM PM

Route:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to begin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to end\_\_\_\_\_\_\_\_\_\_\_\_

Significant Information: (medical condition, side effects, toxic reactions, omission reactions, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contraindications for Administration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Special instructions for asthma/respiratory medications. Administer \_\_\_\_\_\_\_\_\_\_\_puffs/nebulizer treatments (circle one) every \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hours (circle one). May repeat up to \_\_\_\_\_\_\_\_\_ times. Other instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\* An Asthma Action Plan also must be filled out by the Physician** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider Signature/Date Heath Care Provider Office Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider Name (printed) Health Care Provider Telephone Number

***Prescription medication must be supplied in a container labeled by a pharmacy with the name of the child, the name of the medication, the dosage, and the time it should be given.***

**Parent’s Permission**

I hereby give permission for my child (named above) to receive medication while at Shelby City Park summer camp. I understand that in most cases non-medical personnel will administer the medication. This medication has been prescribed by a licensed Health Care Provider. I hereby release the City of Shelby, and their agent and employees from any and all liability that may result from my child taking the prescribed medication, or from my child possessing and self-administering medication for asthma, anaphylaxis, or diabetes as ordered by a licensed Health Care Provider.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Telephone Number Date