



**For office use only**

Paid Amt: \_\_\_\_\_

Child (1) T-shirt size: \_\_\_\_\_

Child (2) T-shirt size: \_\_\_\_\_

## **CITY OF ALEXANDRIA 2018 SUMMMER DAY CAMP PARTICIPATION FORM**

**ALL SECTIONS OF THIS FORM MUST BE FILLED OUT COMPLETELY**

### **Section 1: Participant Information #1**

|           |      |                |     |
|-----------|------|----------------|-----|
| Last Name |      | First Name     |     |
| Address   | City | State          | Zip |
| Age       | DOB  | Male or Female |     |

### **Participant Information #2**

|           |      |                |     |
|-----------|------|----------------|-----|
| Last Name |      | First Name     |     |
| Address   | City | State          | Zip |
| Age       | DOB  | Male or Female |     |

### **Section 2: Parent/Guardian Information**

|                          |              |                |
|--------------------------|--------------|----------------|
| Parents/Guardian         | Home Phone   | Cellular Phone |
| Place of Employment      | Work Phone   |                |
| Emergency Contact Person | Relationship | Phone          |

### **Section 3: Medical Information**

Please list current Health Problems/Allergies:

\_\_\_\_\_

Medications:

\_\_\_\_\_

|                    |        |       |
|--------------------|--------|-------|
| Preferred Hospital | Doctor | Phone |
|--------------------|--------|-------|

\_\_\_\_\_

#### Section 4: Health History

(Please attach additional pages in necessary, all information is kept confidential)

Child (1) \_\_\_\_\_ has or is subject to: (please circle all that apply)

|               |                 |             |              |
|---------------|-----------------|-------------|--------------|
| Asthma        | Fainting Spells | Convulsions | Bloody Nose  |
| Heart Trouble | Diabetes        | Seizures    | Other: _____ |

Child (2) \_\_\_\_\_ has or is subject to: (please circle all that apply)

|               |                 |             |              |
|---------------|-----------------|-------------|--------------|
| Asthma        | Fainting Spells | Convulsions | Bloody Nose  |
| Heart Trouble | Diabetes        | Seizures    | Other: _____ |

**Is your child(ren) diagnosed with a learning or physical disability, behavior disorder or is there any additional information concerning your child(ren) that we should be aware of?**

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

#### Section 5: Parental/Guardian Consent and Liability Waiver

I, \_\_\_\_\_, the parent/guardian of

\_\_\_\_\_ hereby give the permission necessary for my child(ren) to participate in the City of Alexandria summer day camp programs. I understand that my child(ren) will be involved in a wide variety of camp activities and I acknowledge that my child(ren) is capable of participating in these activities.

I agree, individually and on behalf of the minor child(ren), to assume all risks of participating in these programs and activities and do hereby release, hold harmless, and forever discharge the City of Alexandria, its employees, officials and volunteers from any and all causes of actions, claims, costs and demands that I may have individually or on behalf of the minor child(ren), by reason of any harm, accident, injury, or illness arising out of these summer camp activities.

I understand that if my child(ren) has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to voluntarily remove my child(ren) from the program.

Should it be necessary for your child(ren) to have medical treatment while participating in these summer activities, and a parent/guardian cannot be reached, your signature below gives the City of Alexandria personnel permission to use judgment in obtaining medical treatment for your child(ren) and grants medical personnel consent to provide any medical treatment deemed necessary and appropriate. By signing below, you indicate your understanding that the City of Alexandria does not have insurance covering the cost of medical or hospital services for your child(ren) and that any such cost will be your sole responsibility. **The City of Alexandria will not administer or supply any medication to your child(ren) at summer day camp.**

Summer day camp activities may include off-site field trips. Participation in any such off-site field trip is voluntary, but you must give your child(ren) permission to go. If you do not give permission, your child(ren) will remain at the summer camp site under supervision and will not participate in the field trip. You will be notified in advance of scheduled off-site field trips.

**Please circle the following:**

I do / do not **(circle one)** grant permission for my child(ren) to participate in off-site field-trips, to be transported to and from the event, and to participate in the activities associated with off-site field trips.

I do / do not **(circle one)** grant permission to City of Alexandria to take and use photographs and/or digital images of my child(ren) in printed materials, Facebook, email communications and the City of Alexandria website.

## Section 6: Payment Policy/Pick-Up

Payments should be made by the end of business on **Thursday** of each week. Payments received after Thursday are subject to a \$10 late fee. Money orders will be the only form of payment accepted. **NO CASH OR CHECKS.**

I agree to pay the designated fees in order for my child(ren) to attend summer day camp (including additional fees for late payment and late pick-up.)

Camp Hours are from 7:30 a.m. to 6 p.m. Children must be signed out each day from the camp program by a parent or guardian. Due to the number of campers in the program, our 6:00 p.m. closing time will be strictly enforced.

I understand that a **\$1** per minute fee will occur after 6 P.M. if my child(ren) is not picked up before 6:00 PM.

## Section 7: Release of Child

I hereby give my permission for my child(ren) to leave with the following persons:

- |          |                     |
|----------|---------------------|
| 1. _____ | Phone Number: _____ |
| 2. _____ | Phone Number: _____ |
| 3. _____ | Phone Number: _____ |
| 4. _____ | Phone Number: _____ |

I acknowledge that it is my responsibility to inform City of Alexandria summer day camp personnel if there is a separation, divorce, or other relationship issue that could impact my child(ren)'s safety. My child(ren) **MAY NOT** leave summer day camp with the following persons:

- |          |                              |
|----------|------------------------------|
| 1. _____ | Relationship to child: _____ |
| 2. _____ | Relationship to child: _____ |
| 3. _____ | Relationship to child: _____ |

By signing this form, you have verified that all information listed above is accurate to your knowledge and have read and understood all policies, waivers, and consents contained in this document.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Make money order payable to:

**City of Alexandria – Division of Community Services**  
**PO Box 71**  
**Alexandria, LA 71309**

**Note: Money Orders will only be accepted for payment. NO CASH OR CHECKS!**