

June 1st – August 6th



For office use only

Paid Amt: _____

Child (1) T-shirt size: _____

Child (2) T-shirt size: _____

CITY OF ALEXANDRIA 2021 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	
Grade	School	Parish	

Participant Information #2

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

Section 2: Parent/Guardian Information

Parents/Guardian	Cell Phone	Email
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 ___ **(place an X)** 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 ___ **(place an X)** 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 each week student(s) participates. **Money Orders will be the only form of payment accepted.** NO CASH, credit/debit cards, CHECKS, WILL BE ACCEPTED.

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 5:30 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 5:30 p.m. closing time will be strictly enforced.

I understand that a \$1 per minute fee will occur after 5:30 P.M. if my child(ren) is not picked up before 5:30 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
PO Box 71
Alexandria, LA 71309**

Note: All registrations and Money can be mailed or dropped off at City Hall 915 3rd St. with ATTN: Community Services