



Dear Summer Sports Camp Parents,

It is with much joy and eagerness we welcome you to our Summer Sports Camp that has come about from a collaboration between the City of Alexandria, Rapides Parish Schools and Peabody Magnet High School. The camp is accepting students **completing 4th grade and students going into the 12th grade.**

Below are details regarding camp prices, discounts and scholarships. If you have additional questions, please give us a call at 318-449-5000 to speak with one of the City of Alexandria, Community Services Division representatives.

Summer Camp Pricing

The cost will be **\$50 per week** - per child for families with one child attending the Summer Camp. Families with more than one child attending the Summer Camp will receive a \$15 discount for additional siblings, see example below:

Cost for 1 st Child	Cost for 2 nd Child	Cost for 3 rd Child
\$50 per week	\$35 per week	\$35 per week

Note: *All children considered for the discounted cost must be siblings/members of the same family living in the same household.*

Scholarship Program

A total of 60 scholarships will be provided on a 1st come 1st serve basis at \$50 per week based on the following guidelines:

- Families with **Very Low – Low Income** according to ***Alexandria, LA MSA Chart***
- No more than 2 children in the same family will receive scholarships
- Recommendations from scholarship committee's review and assessment of provided income documentation (2021 Tax Return documents must be provided to verify income)

Registrations will be accepted beginning April 18, 2022 and ending May 27, 2022. We welcome the opportunity to be of service to our community by providing a safe, fun environment this summer for your child(ren) to learn various sports, games and life learning skills.

Peabody Summer Sports Camp
2727 Jones Avenue
Alexandria, LA
June 6st – July 29th



For office use only

Paid Amt: _____

Child (1) T-shirt size: _____

Child (2) T-shirt size: _____

2022 PEABODY SUMMMER SPORTS CAMP PARTICIPATION FORM

ALL SECTIONS OF THIS FORM MUST BE FILLED OUT COMPLETELY

Section 1: Participant Information #1 (Please attach additional page to list Participants, if needed)

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	
Grade	School	Parish	

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 including any food allergies:

Medications:

Preferred Hospital	Doctor	Phone
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Section 4: Health History

(Please attach additional pages if 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 and Rapides Parish Schools/Peabody Magnet High School, 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 and Rapides Parish Schools/Peabody Magnet High School 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. **Peabody Summer Sports Camp staff 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.

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 or Cashier's Check will be the only form of payment accepted. NO cash, credit/debit cards, or 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 4:00 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 4:00 p.m. closing time will be strictly enforced. I understand that a \$1 per minute fee will occur if my child(ren) is not picked up by 4:00 PM.

Parent Initials _____

Camp Bus Riders: All Campers riding bus to drop-off points at Frank O. Hunter Gymnasium or Youth & Teen Center must be picked up by 5:30pm. I understand a \$1 per minute fee will occur if my child(ren) is not picked up by 5:30 PM.

Parent Initials _____

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: _____

Section 8: Transportation

Transportation will be provided if needed to and from the camp location at Peabody Magnet High School to one of these locations, please place an X by your choice if applicable:

_____ Frank O. Hunter Gym _____ Youth & Teen Center

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 along with money order or cashiers' check can be mailed or dropped off at City Hall, 915 3rd Street, Alexandria, LA 71301 - Attn: Community Services Division