



RECREATION DEPARTMENT
CITY OF WILLIAMSPORT

Summer Camp Program Ages 6-12

Please Print Clearly. Please complete all blanks on this form. If there are any blanks this form will not be accepted, please write N/A in any blank that does not apply. We are unable to provide care until all paperwork has been submitted. If you have any questions please contact the **Recreation Department**. Please print completed registration form and return to Recreation Department.

In the event of inclement weather parents will be called to pick up their child(ren) in a timely manner.

Lunch is not provided by the City. You may register your child(ren) with the Food Bank to receive lunches daily, regardless of income. All are welcome to receive lunch. You must send your child(ren) with ALL necessary attire and needs for camp.

Child's Information:

Camp Dates: June 10, 2019– August 16, 2019

Camp Time: 9AM– 4PM M-F

Child's full name			Nickname
Address			
City	State	Zip	Home Phone
School	Grade Entering	Age	Date of Birth
Other Schools/ Programs Concurrently Attending			Gender

Parent/Guardian and Medical Information: In the event of an emergency, please number, in of priority (1-6) , which phone to contact

Parent/Guardian name	Date of Birth	Cell phone/ Pager	Priority
Address			
City	State	Zip	Home Phone
Place of Employment	Work phone	Priority	

Parent/Guardian Name	Date of Birth	Cell Phone /Pager	Priority
Address		Relationship	
City	State	Zip	Home Phone
Place of Employment	Work phone	Priority	

Doctor's Name	Doctor's phone
Medical Insurance	Policy #

Emergency names, addresses and phone numbers of TWO people to be called in the event that we cannot reach either Parent/ Guardian:

Emergency Contact Name			Cell Phone/Pager
Address			Relationship
City	State	Zip	Home Phone
			Priority

Emergency Contact Name			Cell Phone/Pager
Address			Relationship
City	State	Zip	Home Phone
			Priority

Authorized Person for pick-up (in addition to parents and emergency contacts)

Person(s) NOT authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent)
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Summer Camp Health Form

Does your child have any allergies/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?

Please provide information on chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.

The Recreation Department will not administer any medication. If your Child has a required time for medication a staff member will over see this action.

Please note the times to take medication and also provide the medication in an original pharmacy filled container whose label will clearly indicate the physician's instructions. **Please only bring daily dosage**, the Recreation Department will not be responsible for any lost or missing medication.

Medication information:

Time to take medication:

Medication information:	Time to take medication:

This medication information is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Parent/Guardian Signature:

Date:



Parent Statement of Understanding

The following is important for the safety and protection of your child. Please read this information initial each line & sign below.

- ____ • I understand that my child will not be released to any person(s) not listed on the enrollment form.
- ____ • I understand that child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- ____ • I understand that I am not to leave my child at a program site unless a staff member is there to receive and supervise my child.
- ____ • I understand it is my responsibility to sign my child in and out of camp unless authorized to walk. **Sign-in/ sign-out sheets are available as you arrive at the program area.**
- ____ • I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- ____ • I understand that the Recreation Department is mandated to report any suspected cases of child neglect or abuse to the appropriate authorities for investigation.
- ____ • I understand that the Recreation Department staff are not allowed to babysit or transport children at any time outside the program site facilities. If a violation of this policy is discovered, the Recreation Department will take immediate disciplinary action toward staff.

I have read and understand the statements above regarding the Recreation Department policies and procedures.

Parent/Guardian Signature:	Date:
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Authorized to walk : By signing below, I authorize my child to sign themselves in and/or out as needed, and that they are authorized to walk to and from the program without supervision.

Parent/Guardian Signature:	Date:
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Statement of Authorization

- 1) My child has permission to be transported by a River Valley Transit Vehicle and Participate in the Recreation Department programs and activities and related field trips.
- 2) My child has permission to participate in swimming activities. Assess your child's swimming abilities here:
The Recreation Department reserves the right assess your child before any swimming activities
 NON-SWIMMER (unable to swim/ no swimming lesson) INTERMEDIATE SWIMMER (average swim ability)
 BEGINNER SWIMMER (some limited swim instruction) ADVANCE SWIMMER (skilled swimmer)
- 3) In the case that your **child becomes sick** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parent or guardian to arrange for the child to be picked up from the program site as soon as possible.
- 4) In the event that your camper or anyone in the household of the camper develops a disease as defined by the State Board of Health, it is the responsibility of the parents/ guardians to notify the Recreation Department within 24 hours of the next business day in order for the Recreation Department to take proper action, except in event of a life-threatening disease which must be reported immediately.
- 5) My signature authorizes the management and staff of the Recreation Department of Williamsport to act for me to their best judgment in the case of a **medical emergency or routine medical** care. I grant permission for emergency medical or routine medical care by the Recreation Department staff, rescue squad, or hospital and emergency care facility staff, under the same circumstances as above, if needed. Any action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases the Recreation Department from any and all liability or financial responsibility for any medical expenses incurred.
- 6) The parent/guardian authorizes the application of **sunscreen** for his or her child by the Recreation Department staff, sunscreen must be provided by parent (please note any sensitivities to sunscreen of which you may be aware and the brand).
- 7) The parent/guardian authorization of **insect repellent** for his or her child by Recreation Department staff , insect repellent must be provided by parent (please note any sensitivities to insect repellent of which you may be aware and the brand).

By signing below, you are authorizing All for the above

Parent/Guardian Signature:	Date:
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Recreation Department- Camp Registration Form

Camper's name:	
Start date :	End date:

Summer Camp Registration: June 10th 2019– August 16th 2019

Title of camp Location	Week	Camp fee	Paid	Date	Initial
Memorial Park or Brandon Park					
	1 June 10-14	\$30/Per Child			
	2 June 17-21	\$30/Per Child			
	3 June 24-28	\$30/Per Child			
	4 July 1-5 *no camp July 4	\$30/Per Child			
	5 July 8-12	\$30/Per Child			
	6 July 15– 19	\$30/Per Child			
	7 July 22-26	\$30/Per Child			
	8 July 29-Aug 3	\$30/Per Child			
	9 August 5-9	\$30/Per Child			
	10 August 12-16	\$30/Per Child			
	ALL TEN (10) WEEKS	\$270 TOTAL/Per Child (ONE WEEK FREE)			

Weekly payments are due the Monday prior to your child(ren) attending camp. There will be no acceptations to this payment schedule.

Total Camp fee: \$300.00 or \$30/ Per Child Per Week	Payment of all ten weeks up front: \$270.00/per child (one week FREE)
Late pick up fee: \$10/Per Child, for every 15 minutes	

Some additional fees may be required for specific field trips (bowling, movies, etc.)

Parent/Guardian Signature:	Date:
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- Payment options:** Check, Money Order,
Online Credit Card
- pay camp fees in full at the time of registration
- pay camp fees weekly
- All forms must be returned before the start of the camp to: Recreation Department
245 West Fourth Street
Williamsport, Pa 17701

All camp fees include activities, pool admittance, and transportation, but do **NOT** include lunch/ snacks, sunscreen, insect repellent, water bottle, lunchbox, clothing or footwear.

Behavior Agreement

At the Recreation Department we take pride in your child's happiness. We want every day to become a memory for them. Therefore, we work to create an environment that will allow this to happen. Along with our efforts, we need the children to help create that environment by following our simple rules. Below is our Behavior Agreement , please read over it with your child and make sure they understand what is being said and why they are signing it. This will help them have the best time with Recreation Department's Summer Camp.

- ◆ I will listen to staff and follow all directions.
- ◆ I will not hit or fight others.
- ◆ I will respect other people's belongings by not using or touching their stuff without asking.
- ◆ I will not yell while inside the campsite building and will use an inside voice.
- ◆ I will use appropriate language. Which does not include swear words or offensive language.
- ◆ I will respect other people's feelings.
- ◆ Before leaving the room/site area, I will ask a staff member for permission.

Not abiding by the rules above can result in suspension from the program. All incidents will be handled on a # incident system, except **fighting and hitting**. Fighting and hitting will be an immediate 1-day suspension from all programs. All other incidents will be handled as follows:

1st incident: **Verbal warning**

2nd incident: **written warning/ parent meeting**

3rd incident: **1 day suspension**

After 3 written warnings during a week your child may be asked to leave the program for the remainder of the week, however should circumstances warrant your child may be permanently asked to leave the program for the remainder of the summer.

Parent/Guardian Signature:	Date:
Campers Signature:	Date:





The Recreation Department PARTICIPANT WAIVER FORM

ACKNOWLEDGMENT

I acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Recreation Department programs, events, or any other activities, which may result from unavoidable accidents or injuries. I understand that the Recreation Department and its employees assume no responsibility for loss, damage, illness or injury to person or property that my child(ren), if applicable, may sustain as a result of my or their physical condition or resulting from their participation in any programs, event, field trips, water front and pool activities, or activities at or sponsored by Recreation Department of Williamsport. I expressly acknowledge, on behalf of my minor child(ren), heirs and executors, that I voluntarily assume the sole risk any and all dangers, illness and personal injuries that my minor child(ren) participation in any programs/events/activities while at the Recreation Department and/or sponsored by the Recreation Department.

I also acknowledge that the Recreation Department often uses photographs, videotapes, television, programs, motion pictures, tape recording, or other similar media for promotional purposes. I hereby consent to the use of my minor child(ren)'s name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my minor child(ren)'s name(s) likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the Recreation Department allowing my minor Child(ren) to attend and/or participate in any programs, events or other activities at the Recreation Department and/or sponsored by the Recreation Department, I hereby, for my minor child(ren), heirs, and executors, waive, release and forever discharge the Recreation Department and its employees, agents, representative, successor and sustained and assigns, from and against any and all rights and claims for any loss, damage illness or injuries to person or property sustained as a result my child(ren)'s attendance and/or participation in any such programs, events, or any activities, whether or not such loss, damage or injury results from the negligence of the Recreation Department and its employees, agents or representatives or from some other cause. My agreement to release the Recreation Department does not include any loss, damage or injury that results from the Recreation Department gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, or other use of my minor child(ren) name(s) and/or likeness (es), including any written article, script, caption or other writing that may accompany such use of my minor child(ren)'s or release and forever discharge the Recreation Department and its employees, counselors, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my child(ren)'s name(s) and/or likeness(s) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the Recreation Department that I have the authority to execute this participant waiver form on behalf of minor child(ren)'s as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the forgoing warranty by me. Or in the event that my minor child(ren) or any other person nevertheless asserts any claim against the Recreation Department arising out my minor child(ren)'s participation in any program, event or any other activity as set forth herein, I agree to indemnify, hold harmless and defend the Recreation Department from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness, or injury results from the negligence of the Recreation Department or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this participant waiver form.

Parent/Guardian Signature:	Date:
Name(s) and Age(s) of Participant(s):	Date: