



**Havelock Parks and Recreation
Summer Day Camp Registration Form
PLEASE COMPLETE BOTH SIDES**



CAMPER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED NAME
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ADDRESS	CITY	STATE	ZIP
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DATE OF BIRTH	CURRENT GRADE	GENDER	SHIRT SIZE (YOUTH OR ADULT)
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KNOWN ALLERGIES OR MEDICAL CONDITIONS STAFF NEED TO BE AWARE OF

PARENT/GUARDIAN INFORMATION

FATHER'S FIRST NAME	FATHER'S MIDDLE NAME	FATHER'S LAST NAME	PREFERRED NAME
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ADDRESS	CITY	STATE	ZIP
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HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
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MOTHER'S FIRST NAME	MOTHER'S MIDDLE NAME	MOTHER'S LAST NAME	PREFERRED NAME
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ADDRESS	CITY	STATE	ZIP
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HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
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EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1	RELATION	PHONE
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EMERGENCY CONTACT #2	RELATION	PHONE
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CHILD'S DOCTOR	OFFICE PHONE	CHILD'S DENTIST	OFFICE PHONE
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I agree that the Camp Coordinator and/or Havelock Parks and Recreation staff may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

PARENT/GUARDIAN SIGNATURE	DATE
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Please indicate which hours your child will be attending: _____ Regular (8:30 AM – 3:30 PM) _____ Extended (7:30 AM – 5:30 PM)

Please indicate the session(s) your child will attend:

_____ Session 1 (June 24 – 28) _____ Session 2 (July 8 – 19) _____ Session 3 (July 22 – August 2) _____ Session 4 (August 5 – 16)

SPOTS ARE NOT CONFIRMED UNTIL PAYMENT AND REGISTRATION IS RECEIVED. WE DO NOT HOLD SPOTS.



Havelock Parks and Recreation



Waiver and Release of Liability

I/We, the undersigned parents/guardians of _____ do hereby certify to the Havelock Parks and Recreation Department that our child is in good health is able to physically participate in the Havelock Parks and Recreation Summer Day Camp Program.

I/We do hereby give him/her permission to participate in the summer camp program. I am aware that the summer camp programs involves the participants in a variety of programs and vigorous activities that may involve certain risks. I also understand that participation in a summer camp involves activities including but not limited to: travel to and from the site of the activity, participation at the sites that may be remote from medical assistance, and the possible risks reckless conduct of other participants.

I/We the undersigned parents/guardians of the above named participant will not hold the Havelock Parks and Recreation Department responsible for any accident to me and/or my son/daughter going to and from the summer camp or during the summer camp program hours specified.

I/We therefore specifically authorize the Parks and Recreation Department personnel, paid or volunteer to take our child to a doctor or the emergency room of the hospital in the event it should appear necessary, and I agree to pay medical charges incurred.

I/We assume all risks incident to my child/children participating in this activity, including transportation provided, and further, in consideration of the City of Havelock permitting our child to participate, I do hereby indemnify the City of Havelock against loss which might be incurred by the City of Havelock by reason of his/her participation.

I/We hereby waive all claims against the City of Havelock and, if involved in this activity, the organizers, sponsors, or any of the supervisors appointed by them. I, the parent/guardian of the above named participate authorize the Havelock Parks and Recreation Department personnel to take my child off site on field trips.

I/We grant the Havelock Parks and Recreation Department the right to use my child's/children's name and picture in any broadcast, telecast or other written or photographic account of the summer camp program without remuneration.

I/We understand the Parks and Recreation Department staff is NOT responsible for any child before or after the specified hours.

SIGNATURE OF PARENT/GUARDIAN DATE

Make checks payable to: **City of Havelock**

Return Form To:
Havelock Parks and Recreation
Attn: Summer Day Camp
1 Recreation Drive
Havelock, NC 28532

OFFICE USE ONLY

Session 1: Receipt # _____ Date _____ Session 2: Receipt # _____ Date _____
Session 3: Receipt # _____ Date _____ Session 4: Receipt # _____ Date _____



Havelock Parks and Recreation Summer Day Camp Sign-Out Sheet



Please list anyone you authorize to drop off or pick-up your child during summer day camp. These individuals can include but are not limited to parents, grandparents, siblings, babysitters, etc. Please list the first and last names, relationship, and phone numbers. All persons will be asked for a government issued identification. Please inform that person of this procedure in advance. This is a safety measure for your child.

CHILD'S NAME

I, the parent/guardian of _____ authorize the following people to drop off and/or pick-up my child from Havelock Parks and Recreation Summer Day Camp program.

GOVERNMENT ISSUED PHOTO IDENTIFICATION WILL BE REQUIRED

FIRST & LAST NAME	RELATION	PHONE
FIRST & LAST NAME	RELATION	PHONE
FIRST & LAST NAME	RELATION	PHONE
FIRST & LAST NAME	RELATION	PHONE
FIRST & LAST NAME	RELATION	PHONE
FIRST & LAST NAME	RELATION	PHONE

If additional names are required please list on a separate sheet.

IF THERE IS ANYONE **NOT AUTHORIZED** TO PICK-UP YOUR CHILD, PLEASE LIST THEM BELOW

FIRST & LAST NAME	RELATION
FIRST & LAST NAME	RELATION
FIRST & LAST NAME	RELATION

If additional names are required please list on a separate sheet.



Havelock Parks and Recreation



Summer Camp Rules

RULES

1. Keep your hands and feet to yourself.
2. Respect one another and no bullying.
3. No bad attitudes.
4. No eating or drinking on the bus.
5. No leaving arts and crafts room, gym, etc. without letting a counselor or Parks and Recreation staff member know.
6. No obscene language (cursing, derogatory remarks to and about others, etc.)
7. Change in the appropriate changing room for the gender of your child.
8. No yelling.
9. No exchanging money for food.
10. HAVE FUN!

CONSEQUENCES

1. Warning
2. Time Out
3. Call Parents

If actions deem severe enough a suspension from the remainder of the day or multiple days may be given.

Camper Name _____

Camper Signature _____

Date _____

Parent's Name _____

Parent's Signature _____

Date _____