



South Burlington Recreation & Parks Summer Camp Registration

Fill out this grid and send with the Camper Information/Health Form

Child's Name: _____

Gender: Male Female

DOB: ____/____/____

Registration Information: Fill out one registration form per child. First, circle all Sessions or Camps that you wish to register your child for. Second, total across for each week. Third, total down for a final total due for all camps. A \$25 deposit per child, per camp, per session must accompany this registration form to be processed.

Rates: are listed as; the first amount is Residents/ the second amount is Non-Residents.

Afternoon Camps: are in *Bold Italics*

Camp Ventures: Extended Camp Options are available. (E)-Early, 7:30-8:00 (L)-Late, 5:00-5:30 or (B)-Both. Price is \$5 Res., \$10 Non-Res. per week, per option or Both is \$10 Res., \$20 Non

R.O.C. Camp: There is a (Morn) - Morning Option, 8:00am-12:00pm or (Aft) - Afternoon Option, 1:00-5:00pm, or All Day Option- 8:00am-5:00pm. Circle the session number for all day option.

Prices- Weekly Fees- Half Day- \$60 Res., \$72 Non-Res. (Morn or Aft), all day listed in chart. Daily Fees- Half Day- \$15 Res., \$18 Non-Res. (Morn or Aft), All Day- \$25 Res., \$30 Non-Res.

Extended options for R.O.C. Camp are (E)-Early, 7:30-8:00 or 12:30-1:00 (L)-Late, 12:00-12:30 or 5:00-5:30 (B)-Both, a combination of two. Price is \$1 Res., \$2 Non-Res. Per half hour, per day.

Adventure, Sports, Specialty & Computer Camps: Extended Camp Options available for camps at FHTuttle & High School. Contact the Rec. Staff for assistance.

Dates	Little Explorers	R.O.C. Camp at Central			Camp Ventures at FHTuttle		Teen Ventures		Adventure Camps at FHTuttle		Hometown Sports Camps, Specialty Camps & Computer/Technology Camps						Total
		Morn	Aft	B	E	L	B	E	L	B	E	L	B	E	L	B	
June 18- June 22											Taekwondo Camp \$128/ \$153	Baseball/ Softball \$78/ \$93	Day's 3 day Adventure \$118/ \$141	Girls Only Art Camp \$168/ \$201	Engino Camp \$153/ \$183		
June 25- June 29	Session 1 \$73/ \$87	Session 1 \$115/ \$138		E	Session 1 \$115/ \$138	E	Session 1 \$115/ \$138	Jr. Sailing Camp \$210/ \$252	Teen Sailing Camp \$210/ \$252	Basketball Girls Camp \$78/ \$93	Archery Camp- S1 \$78/ \$93		Musical Theatre \$197/ \$236	Story Book Camp \$133/ \$159			
		Morn	Aft	B		L									B		
July 2- July 6 <small>No Camps 4th</small>	Session 2 \$59/ \$70	Session 2 \$92/ \$110		E	Session 2 \$92/ \$110	E	Session 2 \$92/ \$110	Jr. Rocks 'N' Ropes \$248/ \$297	Teen Rocks 'N' Ropes \$248/ \$297			Day's 4 day Adventure \$89/ \$106	CSI Camp \$100/ \$120				
		Morn	Aft	B		L								B			
July 9- July 13	Session 3 \$73/ \$87	Session 3 \$115/ \$138		E	Session 3 \$115/ \$138	E	Session 3 \$115/ \$138	Adventure in Nature-S1 \$183/ \$219	Horseback Camp \$265/ \$318	Tennis Camp \$78/ \$93	Jazzercise Camp \$98/ \$117	Day's 5 day Adventure \$148/ \$177	Rocketry Camp \$248/ \$297				
		Morn	Aft	B		L								B			
July 16- July 20	Session 4 \$73/ \$87	Session 4 \$115/ \$138		E	Session 4 \$115/ \$138	E	Session 4 \$115/ \$138	Jr. Adv. Camp- S1 \$183/ \$219	Teen Adv. Camp- S1 \$183/ \$219	Lacrosse Boys Camp \$128/ \$153	Basketball Boys Camp \$128/ \$153						
		Morn	Aft	B		L						B					
July 23- July 27	Session 5 \$73/ \$87	Session 5 \$115/ \$138		E	Session 5 \$115/ \$138	E	Session 5 \$115/ \$138	Jr. Adv. Camp- S2 \$183/ \$219	Woods/Wild Camp \$248/ \$297	Track Camp \$78/ \$93	Golf Player Camp \$200/ \$240		Jewelry Design \$138/ \$165				
		Morn	Aft	B		L						B					
July 30- Aug. 3	Session 6 \$73/ \$87	Session 6 \$115/ \$138		E	Session 6 \$115/ \$138	E	Session 6 \$115/ \$138	Adventure in Nature-S2 \$183/ \$219	Fishing Camp \$158/ \$189	Soccer Camp \$80/ \$96	Archery Camp- S2 \$78/ \$93		Flash- Web Animation \$105/ \$126	Stop Motion Animation \$105/ \$126			
		Morn	Aft	B		L						B					
Aug. 6- Aug. 10	Session 7 \$73/ \$87	Session 7 \$115/ \$138		E	Session 7 \$115/ \$138	E	Session 7 \$115/ \$138	Jr. Adv. Camp- S3 \$183/ \$219	Teen Adv. Camp- S2 \$183/ \$219	Flag Football \$128/ \$153	Multi-Sport Camp \$128/ \$153	Nature Art Camp \$133/ \$159	Painting & Drawing \$133/ \$159	3D Animation \$105/ \$126	Scratch Game Design \$105/ \$126		
		Morn	Aft	B		L										B	
Aug. 13- Aug. 17	Session 8 \$73/ \$87	Session 8 \$115/ \$138		E	Session 8 \$115/ \$138	E	Session 8 \$115/ \$138	Jr. Adv. Camp- S4 \$183/ \$219	Teen Adv. Camp- S3 \$183/ \$219	Tennis Camp \$78/ \$93	Zumba Camp \$78/ \$93	Girls Spirit Camp \$103/ \$123	Hip Hop Camp \$98/ \$117	Meet the Masters Art \$133/ \$159	Follow Me Robot Camp \$153/ \$183		
		Morn	Aft	B		L										B	
Aug. 20- Aug. 24										Gymnas-Kick Camp \$153/ \$183							

Final Total _____

Deposit Received _____

Balance Due _____

OFFICE USE ONLY

Deposit Received: _____ Date Received: _____ Payment Type: _____ Entered: _____



South Burlington Recreation & Parks Department

Camper Information Form 2012

One form per child must be filled out by a parent or guardian and returned to the Recreation Dept.

CAMPER INFORMATION:

Camper's Name: _____ Gender: M F DOB: ____/____/____

Nickname: _____ Age: _____ Home Phone: _____

Address: _____
Street Address City State Zip

School: (All camps except Little Explorer's) _____ Grade completing as of June '12 _____

1. How would you describe your child? _____

2. Things that your child may be uncomfortable with: _____

3. Swim Level of your child: **Red Cross Levels:** (circle one) Pre-School Level 1 Level 2 Level 3 Level 4
Describe your child's swimming ability and any fears _____

FAMILY INFORMATION:

Household Email: _____

Mom's Name: _____ Address: _____ City _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Dad's Name: _____ Address: _____ City _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Legal guardian of camper is: Mother Father Both Other _____

Parents are- Married Separated Divorced Widowed Other _____

If divorced are there step-parents? Yes No Are there custody issues that we need to be aware of? Yes No

Step-parent's Name w/Mom _____ Contact Phone: Work _____ Cell _____

Step-parent's Name w/Dad _____ Contact Phone: Work _____ Cell _____

Number of Brothers Ages: _____ Number of Sisters Ages: _____

EMERGENCY CONTACT: (This must be someone other than the parents, and will be used if neither parent can be reached)

Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____
Street Address City State Zip

AUTHORIZED PICK-UP: (People authorized to pick up my child from camp, other than parents)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WAIVER AGREEMENT: I attest that the information above is true and correct to the best of my knowledge, and I am fully aware of the risk inherent and hereby give my consent for my child, listed above, to participate in the Summer Camps indicated. I agree to hold harmless the South Burlington Recreation & Parks Department, the City of South Burlington, its employees, elected officials, and any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said Camps or related activities or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for my child to receive emergency treatment, if needed and I authorize the attending physician to administer any necessary medical attention. **CONSENT:** I hereby consent to and authorize the South Burlington Recreation & Parks Dept. the rights to publish, reproduce, and use for advertising purposes, any photograph, video image, audio recording, or any other likeness of myself and/or my family.

I have read this waiver carefully and sign it voluntarily with full knowledge of its significance.

Signature of Parent/Guardian: _____ Date: _____



South Burlington Recreation & Parks Department

Camper Health Information Form 2012

Child's Name: _____ Gender: M F DOB: ____/____/____

MEDICAL PROVIDER INFORMATION:

Is your child covered by family medical/hospital insurance? Yes No Provider: _____
Child's Physician: _____ Phone #: _____
Child's Dentist/Orthodontist: _____ Phone #: _____

HEALTH HISTORY:

Immunization: Has your child been immunized regularly and are they currently up-to-date? Yes No
(If No, you must fill out the *Exemption from Immunization Requirements Form*, obtained from the Rec. Dept. or On-Line)

Medication: Does your child take medication that needs to be administered during camp? Yes No
(If Yes, you must fill out the *Medication Authorization Form*, obtained from the Rec. Dept. or On-Line)

Is your child required to carry an epinephrine pen with them at all times? Yes No

Allergies: Does your child have any allergies to food, medication or the environment? Yes No
If Yes, please describe in detail the source, reaction and the management or care needed.
(Please elaborate on a separate sheet of paper and attach to this form or attach directions from your child's doctor).

Allergies	Reaction	Management and Care
_____	_____	_____
_____	_____	_____

Medical Conditions: Does your child have any Medical Conditions that we need to be aware of? Yes No
If Yes, please describe in detail the condition, symptoms, and the management or care needed.
(Please elaborate on a separate sheet of paper and attach to this form or attach directions from your child's doctor).

Medical Condition	Symptoms	Management and Care
_____	_____	_____
_____	_____	_____

General Questions: Has or does your child have any of the following:

	YES	NO
1. Any recent injury, illness or infective disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever been dizzy or passed out during physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have any restrictions to activities?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers below, noting the question number: (Attach any directions from doctor to this form).

Additional Information: Please provide any additional information about your child's behavior, and/or physical, emotional or mental health concerns that the camp should be aware of: (attach doctor directions to this form).

Sunscreen/Insect Repellant Permission: (a copy of the policy can be found in the parent handbook)

_____ (Initials) **YES-** I give permission for the South Burlington Recreation & Parks staff/employees to apply sunscreen and/or insect repellant to my child, for the 2012 summer season. I know this will be done by a counselor of the same gender as my child and will only be done if my child needs help and asks for it. Please list any adverse reactions that your child might have. _____

_____ (Initials) **NO-** I do not give permission for sunscreen or insect repellent to be applied to my child. We will do it at home and I understand that if he/she does not have it applied before camp that they will not be allowed to participate in outdoor activities, during high peak times of the day when the sun index is high.

Health & Medical Waiver: I attest the information above is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities, except as noted. I hereby give permission to the camp to provide routine health care and seek emergency medical treatment when needed. I agree to the release of any of this information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the camp to arrange necessary related transportation for my child and give permission to the physician on duty to secure and administer treatment, including hospitalization.

Signature of Parent/Guardian _____ **Date:** _____