



South Burlington Recreation & Parks Department

Camp Registration & Camper Information Form 2009

One form per child needs to be filled out by a parent or guardian. Camp dates and fees are located on the back of this form.

CAMPER INFORMATION:

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

Nickname: _____ Age: _____ Home Phone: _____

Address: _____
Street Address City Sate Zip

(All camps except Little Explorer's) School: _____ Grade completing as of June '09 _____

1. How would you describe your child? _____

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

FAMILY INFORMATION:

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 If divorced are there step-parents? 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 Sate Zip

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

<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. 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 further attest that I have received or downloaded a copy of the Parent Handbook and have or will read through it thoroughly and understand the contents of it. I will help my child understand the importance of the information, by going over it with him/her and abiding by the policies in it. 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 Medical & Health Information Form 2009

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

MEDICAL INFORMATION:

Insurance Information:

Is your child covered by family medical/hospital insurance? Yes No
If Yes, indicate carrier or plan name: _____ Group ID # _____
Child's Physician: _____ Phone #: _____
Child's Dentist/Orthodontist: _____ Phone #: _____

HEALTH HISTORY:

Immunization:

Has your child been immunized regularly and are they all currently up-to-date? Yes No

Medication:

Does your child take medication that needs to be administered during camp hours? 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 if needed 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 if needed 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).*

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: _____

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 \$Resident/ \$Non-Resident. Extended Care Options are priced per Early, Late or Both (both is double the price).

Dates	Little Explorer	Kinder Kids Kamp	Rec. Camp		C.I.T.	O.U.R Club Camps		Adventure Camps, Hometown Sports Camps, Specialty Camps & Computer/Technology Camps										Total
			Extended Care Options	\$6/ \$11		Extended Care Options	\$12/ \$17	Baseball/ Softball \$72/ \$86	Boys Basketball \$72/ \$86	Field Hockey \$72/ \$86								
June 15- June 19			Extended Care Options	\$6/ \$11		Extended Care Options	\$12/ \$17	Baseball/ Softball \$72/ \$86	Boys Basketball \$72/ \$86	Field Hockey \$72/ \$86								
June 22- June 26	Session 1 \$65/ \$78	Session 1 \$65/ \$78	Session 1 \$108/ \$130	E L B	Session 1 \$180/ \$216	Pack, Paddle, Pedal \$168/ \$202	E L B	Mini Adventure \$170/ \$204	Girls Basketball \$72/ \$86	Tennis Session 1 \$72/ \$86	Sewing Camp \$145/ \$174	3D- Intro Session 1 \$105/ \$126	3D- Intro Session 2 \$105/ \$126	Musical Theatre \$170/ \$204	Robot Olympics \$155/ \$186			
June 29- July 2	Session 2 \$52/ \$62	Session 2 \$52/ \$62	Session 2 \$86/ \$104	E L B		Cycling Camp \$155/ \$186	E L B	Sailing Camp \$245/ \$294	Golf Camp \$60/ \$72	All Sports Camp \$58/ \$70	Mastering Mazes \$130/ \$156							
July 6- July 10	Session 3 \$65/ \$78	Session 3 \$65/ \$78	Session 3 \$108/ \$130	E L B		Rocks, Ropes & Rivers \$168/ \$202	E L B	Adventures In Nature \$168/ \$202	CSI Camp \$124/ \$148	Art Camp K-2 nd \$48/ \$58	S1- Stop Animation \$105/ \$126	S1- Flash Animation \$105/ \$126	3D- Intro Session 3 \$105/ \$126	3D- Adv Session 1 \$105/ \$126				
July 13- July 17	Session 4 \$65/ \$78	Session 4 \$65/ \$78	Session 4 \$108/ \$130	E L B	Session 2 \$180/ \$216	Summit Scramble \$194/ \$233	E L B	Jr. Adventurer \$168/ \$202	Tae Kwon Do Camp \$120/ \$145	Jewelry Design \$115/ \$138	Computer Games \$105/ \$126	S2- Stop Animation \$105/ \$126	3D- Intro Session 4 \$105/ \$126	3D- Adv Session 2 \$105/ \$126				
July 20- July 24	Session 5 \$65/ \$78	Session 5 \$65/ \$78	Session 5 \$108/ \$130	E L B		Rivers, Lakes & Ponds \$168/ \$202	E L B	Bike Adventure \$145/ \$174	Sewing Camp \$145/ \$174	Art Camp 3 rd -5 th \$48/ \$58	S1- Light Camera \$105/ \$126	3D- Intro Session 5 \$105/ \$126	3D- Intro Session 6 \$105/ \$126					
July 27- July 31	Session 6 \$65/ \$78	Session 6 \$65/ \$78	Session 6 \$108/ \$130	E L B		Survive This! \$194/ \$233	E L B	Jr. Adventurer \$168/ \$202	Knitting Camp \$48/ \$58	Rocketry Camp \$245/ \$294	S2- Lights, Camera \$105/ \$126	S2- Flash Animation \$105/ \$126	3D- Adv Session 3 \$105/ \$126	3D- Adv Session 4 \$105/ \$126	Secret Agent \$165/ \$198			
Aug. 3- Aug. 7	Session 7 \$65/ \$78	Session 7 \$65/ \$78	Session 7 \$108/ \$130	E L B	Session 2 \$180/ \$216	Bikes & Beaches \$168/ \$202	E L B	Archery Camp \$72/ \$86	Soccer Camp \$72/ \$86	Hip Hop Camp \$85/ \$102	Tennis Session 2 \$72/ \$86							
Aug. 10- Aug. 14	Session 8 \$65/ \$78	Session 8 \$65/ \$78	Session 8 \$108/ \$130	E L B		G.O.A.L. Camp \$194/ \$233	E L B	G.R.O.S.S. Camp \$194/ \$233		Girls Spirit Camp \$85/ \$102					Tae Kwon Do Camp Session 2 August 17-21			

OFFICE USE ONLY

Deposit Received: _____ Date Received: _____ Payment Type: _____ Entered: _____
 Balance Received: _____ Date Received: _____ Payment Type: _____ Entered: _____
 Parent Handbook Given: _____ Handed _____ Mailed _____ Received: _____

Final Total _____
Deposit Received _____
Balance Due _____