



## 2020 Summer Camp Registration

Registration Packets **MUST** be completely filled out and returned before a child can attend camp.  
Packets may be turned in at the Parks and Recreation Administration office located at 1515 N. Galloway Ave,  
or emailed to [cwynn@cityofmesquite.com](mailto:cwynn@cityofmesquite.com)

Camper Information	
Address: _____ City: _____ Zip: _____	
Home Phone #: (____) _____ Cell Phone #: (____) _____ Email: _____	
<b>Camper Name:</b> _____	Grade Completed: _____ Gender: M F Age: _____ Birth Date: _____
<b>Camper Name:</b> _____	Grade Completed: _____ Gender: M F Age: _____ Birth Date: _____
<b>Camper Name:</b> _____	Grade Completed: _____ Gender: M F Age: _____ Birth Date: _____
<b>Camper Name:</b> _____	Grade Completed: _____ Gender: M F Age: _____ Birth Date: _____

Parent Information	
<b>Parent/Guardian#: (A)</b> _____ DL#: _____	Home Phone#: (A) (____) _____ Work Phone#: (____) _____
Email: _____ Cell#: (____) _____	
<b>Parent/Guardian#: (B)</b> _____ DL#: _____	Home Phone#: (B) (____) _____ Work Phone#: (____) _____
Email: _____ Cell#: (____) _____	
In case of emergency contact the following person(s) other than parent:	
Name: _____	Phone: _____
Name: _____	Phone: _____
The Following Person(s) will be allowed to sign my child out from summer day camp:	
Name: _____	DL#: _____
Name: _____	DL#: _____
<b>I DO NOT</b> give permission for my child to be released to the person(s) listed below:	
Name: _____	DL#: _____
Name: _____	DL#: _____

### Medical Information

In the event of a medical emergency or illness you will be notified immediately. You or your emergency contact need to be available to pick up your child from camp. All camp staff are First Aid and CPR trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper. This may include transportation by ambulance to the nearest medical treatment facility.

Doctor's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_

### Health History

**(please attach additional page if necessary, all information is kept confidential)**

*(please circle all that apply)*

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

### Allergies

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Please explain allergies and treatment: \_\_\_\_\_

My child requires the use of an epi-pen: yes \_\_\_\_\_ no: \_\_\_\_\_

### **PERMISSION TO SECURE TREATMENT**

In the event of any emergency, I authorize the City of Mesquite to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first. I also give my permission for my child to be released to individuals authorized in this packet to secure treatment if I am unavailable.

Initials \_\_\_\_\_

### **MEDICATIONS (All medications must be given to camp staff)**

Does your child(ren) require any medications to be taken during camp hours? Yes \_\_\_ No\_\_\_ Note: Medication will only be administered according to the labeled directions. All medication(s) must be in their original containers with instructions for the administration of the medication on the label. The medication sent to the campsite must contain the daily dosage. Staff is not permitted to accept any larger doses. If there are any changes in the dosage of, frequency or administration of the medication, it is the parent's responsibility to inform the staff in writing.

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_

**MEDICATION WAIVER**

My initials below indicate that I acknowledge that the instructions on the pharmaceutical container are accurate and I agree to allow the City of Mesquite staff to assist in the administration of the medication, according to the listed instructions, to my child and I waive any claim against the City of Mesquite or its staff.

Initials \_\_\_\_\_

**BEHAVIOR**

**Is your child served under a 504, BIP, or IEP plan or has your child been diagnosed with a learning disability, behavior disorder or physical disability that we need to be aware of? Yes \_\_\_ No \_\_\_**

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any other conditions requiring our attention that we should know? Yes\_\_\_ No\_\_\_

If yes please explain: \_\_\_\_\_

**PICK-UP**

Camp hours are from 7:00 a.m. to 6:00 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 6:00 p.m. closing time will be strictly enforced. **Parents will be given a 5 minute grace period and at 6:06 p.m. late fees will begin to accrue at \$1.00 per minute.**

If a child has not been picked up from the camp site 30 minutes after the program has ended and the staff has made attempts to contact the child(ren) parents and their authorized persons in the emergency list, staff will call the police and turn the child(ren) over to them.

Initials \_\_\_\_\_

**PAYMENT POLICY**

My initials below signify that 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).

**I understand the weekly fee will not be prorated or refunded for non-attendance.**

**\*I further understand that a \$10.00 late fee will be assessed if payment is not received by the Thursday before each week of attendance.**

Initials \_\_\_\_\_

**MINIMUM REGISTRATION REQUIREMENT**

A minimum of 30 registered participants are required each week for the camp to be held. If the minimum registration number is not met by 6pm on the Thursday before the week of camp, the week will be cancelled. If a week is cancelled due to insufficient registration, participants will be notified via phone and issued a full refund.

Initials \_\_\_\_\_

**REGISTRATION CAPACITY**

Registration is limited to site capacity and is on a "first-come, first-served" basis. Registration for one week does not guarantee placement for successive weeks. Spots are not guaranteed until the child is registered and payment is received.

Initials \_\_\_\_\_

**PARTICIPANT PHOTO USE**

Mesquite Parks and Recreation reserves the right to photograph or videotape participants in programs and/or facilities. The photos and/or video are strictly for the City of Mesquite use and may be used in publications, flyers, brochures, videos, websites and other advertisements.

My initials below grant permission to the City of Mesquite to use photographs and/or videos of my child solely for the purpose of marketing and advertising in the above mentioned ways.

Initials\_\_\_\_\_

**MOVIE RELEASE CONSENT**

My initials below indicate that my child(ren) has permission to view PG rated films while attending Mesquite Parks and Recreation summer camp(s).

Initials\_\_\_\_\_

**SUNSCREEN POLICY**

**Sunscreen application during outdoor activities is a requirement for all campers.** Parent(s) are responsible for applying the first layer of sunscreen to their child prior to arrival to the program. Please pack sunscreen in camper’s backpacks clearly labeled with the camper’s name. Campers are also encouraged to wear swim shirts to protect their skin.

My initials below give permission for the MPAR summer day camp staff to assist in applying sunscreen to my child. I understand that this may require the staff to touch my child’s face, shoulders, back, arms, and lower legs. Sunscreen will only be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child’s front torso or upper legs, but will direct the child to. In the event a camper does not bring sunscreen to camp, I also authorize MPAR staff to use emergency sunscreen camp supplies.

Initials\_\_\_\_\_

OR

**I DO NOT** give permission for MPAR summer day camp staff to assist in applying sunscreen to my child.

Initials\_\_\_\_\_

**RULES AND DISCIPLINE POLICY**

In fairness to all participants of the summer camp program, all participants are expected to respect themselves, each other, the staff and the program’s facilities. Any form of lewd behavior, bullying, aggression, violence, disrespect or foul language will not be tolerated.

**Discipline Policy and Consequences**

- 1<sup>st</sup> offense - On spot counseling and time-out from activities
- 2<sup>nd</sup> offense - Talk with Summer Camp supervisor and parents
- 3<sup>rd</sup> offense - Suspend from program for 1 to 3 days depending on severity of the incident and circumstances
- 4<sup>th</sup> offense - Suspension for 1 week from program activities and from the City of Mesquite Recreation Centers depending on the severity of the incident and circumstances
- 5<sup>th</sup> offense - Removal from the program and from the City of Mesquite Recreation Centers

We **DO NOT** engage in physical punishment, withhold food, or bathroom access.

**All disciplinary actions and suspensions depend on the severity of the incident and circumstances. The city reserves the right to dismiss the participant from the program without warning when it is determined that a participant’s unsafe behavior places other children, himself/herself, or staff in danger. Staff will contact law enforcement officers if determined to be necessary.**

When a participant is suspended from a particular site they are also suspended from all City of Mesquite summer camp programs. Parents will not be refunded for the time their child(ren) is suspended from the program whether it is for one day or one week.

**STANDARD OF CARE**

My initials below indicate that I received the 2020 Youth Programs Standards of Care. The Standards of Care are available for download during online registration, for pick up at any recreation center or the parks and recreation administration office, or on the parks and recreation website at

Initials \_\_\_\_\_

**RELEASE OF LIABILITY**

**OUTDOOR ADVENTURE CAMP: CAMP RORIE GALLOWAY & CHALLENGE COURSE LIABILITY RELEASE**

The City of Mesquite requires that all participants of Outdoor Adventure Camp sign below indicating that they understand that certain risks are associated with participating in the activities at Camp Rorie-Galloway including but not limited to physical injury, illness or even death, scrapes and scratches, heat rash, sunburn, bug bites and/or sting, overheating, poison ivy, sumac and/or oak, and ticks.

Challenge Course activities are strictly voluntary and may include the Zip Line, Pamper Pole and other high and low ropes elements. All activities are supervised by trained Mesquite Parks and Recreation staff. Mesquite Parks and Recreation strongly recommends that if a participant has a history of heart, back, or neck problems that the participant’s parents/guardians consult a physician before participating. It is the responsibility of the participant’s parent/guardian to determine if a participant is physically able to participate in challenge course activities.

My signature below indicates I have read and understand the above statements and that my child(ren) have permission to participate in all activities at Camp Rorie-Galloway.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**PARTICIPANT ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Mesquite Parks and Recreation Department has put in place preventative measures and protocols, where possible, to reduce the spread of COVID-19; however, the City of Mesquite cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attending any City program will increase your child(ren)’s risk of contracting COVID-19.



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the City of Mesquite Parks and Recreation programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the City of Mesquite Parks and Recreation programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the City of Mesquite Parks and Recreation programs (the “Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City of Mesquite, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Mesquite, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Mesquite Parks and Recreation program.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

**SUMMER CAMP PARTICIPATION RELEASE**

In consideration of (myself/my child(ren) being permitted to go in and on and use recreational facilities operated by the City of Mesquite and participate in recreational activities sponsored by the City of Mesquite Parks and Recreation Department,

I \_\_\_\_\_, being of lawful age, do for myself, my heirs and assigns, release, hold harmless and forever discharge, the City of Mesquite, its officers and employees from any and every claim, action of any kind, arising from or by reason of any injury to (myself/my child(ren) while (I am/my child(ren) is in or on and/or using any of the recreation activities sponsored by the City of Mesquite Parks and Recreation Department.

My signature below also gives my permission for my child to be transported by the City of Mesquite to scheduled off-site program trips.

The undersigned does hereby acknowledge to have read and understood all the information contained on this document and approves all releases, permits and waivers contained herein.

\_\_\_\_\_  
***Parent/Guardian Signature***

\_\_\_\_\_  
***Printed Name***

\_\_\_\_\_  
***Date***

I \_\_\_\_\_, acknowledge that these releases are signed freely and of my own accord, and that I have a freedom of choice in the selection of summer camps for my child(ren).

\_\_\_\_\_  
***Parent/Guardian Signature***

\_\_\_\_\_  
***Printed Name***

\_\_\_\_\_  
***Date***