



## Play Day/Turkey & Winter Camp Registration Form (grades K-6)

Please select which site your child(ren) will be attending		
Dunford	Rutherford	Camp Rorie-Galloway

Participant Information
Address: _____ City: _____ Zip: _____
<b>Name:</b> _____ 2021-22 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____
<b>Name:</b> _____ 2021-22 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____
<b>Name:</b> _____ 2021-22 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____
<b>Name:</b> _____ 2021-22 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____

Parent Information
<b>Parent/Guardian#: (A)</b> _____ Email: _____ DL#: _____ Home Phone#: (A) (____) _____ Work Phone#: (____) _____ Cell#: (____) _____
<b>Parent/Guardian#: (B)</b> _____ Email: _____ DL#: _____ Home Phone#: (B) (____) _____ Work Phone#: (____) _____ 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 After School Adventures: Name: _____ DL#: _____ Name: _____ DL#: _____
<b>I DO NOT give permission for my child to be released to the person(s) listed below:</b> 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 the program. All staff are First Aid and CPR trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the participant. 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 staff)

Does your child(ren) require any medications to be taken during After School Adventures 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 program site 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 and Dosage/Time: \_\_\_\_\_

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

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine and 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 to my child and I waive any claim against the City of Mesquite or its staff.

Initials \_\_\_\_\_

**BEHAVIOR**

Is your child 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**

Play Day and Camp hours are from 7:00 a.m. to 6:00 p.m. Children must be signed-out each day from the site 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 play days and camps (including additional fees for late payment and late pick-up). I understand the 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 date of attendance.**

**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 programs.

Initials \_\_\_\_\_

**CHILD TAX CREDIT**

***The City of Mesquite is not licensed by the State to provide childcare programs that qualify for the IRS Child Care Tax Credit.*** All Texas municipalities are eligible to be exempt from State day-care licensing provided a Standards of Care Ordinance is approved annually. In Mesquite, this ordinance is in place, and the after school programs offered by the City are defined or classified as "recreational programs" rather than "child-care" programs.

Initials \_\_\_\_\_

**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 staff 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*

**RULES AND DISCIPLINE POLICY**

In fairness to all participants of the programs, 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 camp coordinator 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 the City of Mesquite Recreation Centers. 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.

**Standards of Care**

My signature below indicates that I received the 2021 Youth Programs Standards of Care.

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Acknowledgment**

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 play day and camps for my child(ren).

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

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

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

**Applicable to Camp Rorie Galloway Participants**

**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