



2014 Summer Camp Registration

Sports Camp 8-12 year olds		Teen Camp 12-15 year olds		Rorie Galloway 6-14 year olds		Blast Camp 6-12 year olds	
	Dunford		Dunford		Day Camp		Rutherford
Please select which camp your child will be attending. A Camp t-shirt is included for each paid participant.					CIT (15-17 yrs. old)		Florence
							Evans

Camper Information	
Address: _____ City: _____ Zip: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	

Parent Information	
Parent/Guardian# (A) _____ Email: _____ DL#: _____ Home Phone#: (A) (____) _____ Work Phone#: (____) _____ Cell#: (____) _____	
Parent/Guardian# (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 summer day camp: Name: _____ DL#: _____ Name: _____ DL#: _____	
I DO NOT give permission for my child to be released to the person(s) listed below: Name: _____ DL#: _____ Name: _____ DL#: _____	

Medical Information			
Doctor's Name: _____	Phone#: _____		
Hospital Name: _____	Phone#: _____		
Insurance Company: _____	Policy#: _____		
Health History			
(please attach additional page if necessary, all information is kept confidential)			
Child _____ has or is subject to: <i>(please circle all that apply)</i>			
Asthma	Fainting Spells	Convulsions	Bloody Nose
Heart Trouble	Diabetes	Seizures	Other: _____
Allergies			
Child _____ is allergic to: <i>(please circle all that apply)</i>			
Medicines	Insects	Food	Plants
Other: _____			
Please explain allergies and treatment: _____			

MEDICAL ISSUES

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.

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 require any medications to be taken during camp hours? Yes ___ No___ Note: Medication will only be administered according to the labeled directions.

Name of Medication(s): _____

Medications must be:

1. In their original containers
2. Labeled with the following (a) campers name (b) name of medication (c) dosage (d) administration times

MEDICATION WAIVER

All medication(s) must be in proper prescription bottles with instructions for the administration of the medication on the label. The medication sent to the campsite must contain only 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. The undersigned does hereby acknowledge that the instructions on the pharmaceutical container are accurate and agrees to allow the City of Mesquite staff to assist in the administration of the medication to their child and waive any claim against the City of Mesquite or its staff.

Signature of parent/guardian

Printed Name

Date

Miscellaneous

TRIP PARTICIPANT RELEASE

Empty box for initials

My initials signify that I give permission for my child to be transported by the City of Mesquite staff to scheduled off-site program trips.

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, holds 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.

Parent/guardian Signature

Printed Name

Date

SWIMMING LEVEL

(Check all that apply)

Does not know how to swim _____ Swim in shallow end only _____ Swim in deep water _____

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

Camp hours are from 7:30 a.m. to 6 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, the staff will call the police and turn the child(ren) over to them.

Initials _____

Miscellaneous

PAYMENT POLICY

I do hereby signify by my initials 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 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 _____

CHILD TAX CREDIT

**The City of Mesquite is not licensed by the State to provide
child care 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 our summer day camps as well as all other recreation programs offered by the City are defined or classified as "*recreational programs*" rather than "*child-care*" programs.

Please be advised that **Parks and Recreation staff will not be allowed to provide City tax identification information for the purpose of income tax deductions.**

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.

I 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 _____

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

Parent/guardian Signature

Printed Name

Date



Camp Discipline Policy

To: Parents and Participants

Parent/guardian cooperation is vital to the successful implementation in our discipline policy. Please discuss the following policy with your child(ren), sign and return this form with your registration packet. Correcting inappropriate and unsatisfactory behavior is time-consuming and distracts from providing quality, safe, and fun activities for all campers. In fairness to everyone associated with summer camp, children must exhibit proper behavior and self-control at all times being respectful of staff, participants and property.

We will not tolerate vulgar/abusive language, bullying, aggression, violence, horseplay, disrespect or improper use of furniture, drink, food or equipment. We **DO NOT** engage in physical punishment, withhold food, or bathroom access as a form of punishment. Instead, a behavioral report will be issued and the parents notified if there is a problem.

Examples of **unacceptable behavior** that would warrant a behavioral report are:

- Being rude or disrespectful to staff and other children, including the use of put downs and offensive language or gestures
- Refusing to follow basic rules of safety
- Stealing or defacing property
- Bullying
- Physically harming another camper or summer camp staff member.

Discipline Policy and Consequences

General Provisions

- 1st offense - Immediate counseling and time out from activities
- 2nd offense - Talk with camp coordinator and parents
- 3rd offense - 1 to 3 days suspension from program depending on severity of the incident and circumstances
- 4th offense - 1 week suspension from program activities and from the City of Mesquite Recreation Centers depending on the severity of the incident and circumstances

Fighting

- 1st offense - 1 to 3 days suspension
- 2nd offense - 1 week suspension
- 3rd offense - Removal from the program and from the City of Mesquite Recreation Centers

*All suspensions depend on the severity of the incident and circumstances. When a participant is suspended from a particular camp they are also suspended from all other camps and 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 month. Your help in reviewing the rules and guidelines with your child(ren) and making sure they understand the consequences of their actions is appreciated.

If summer camp rules are violated, one or more of the disciplinary actions (as defined in the above Discipline Policy and Consequences) may be imposed for violations of the above rules.

Participant Signature

Participant Signature

Date

Parent/guardian Signature

Parent Printed Name

Date

Camp Rorie-Galloway Participants Only

Informed Consent and Liability Release

Participant Name				Under 18?	Yes	No
Street						
City		State		Zip		
Phone						
Email Address						
Medical Conditions or Allergies						
Emergency Contact				Phone		

Camp Rorie-Galloway requires that all participants sign the informed consent and liability release below indicating that they understand the potential risks. **Parents must also sign for all participants under the age of 18.**

- Certain risks are associated with participating in the activities at Camp Rorie-Galloway including but not limited to physical injury, illness or even death. Mesquite Parks and Recreation strongly recommends that if a participant has a history of heart, back, or neck problems, is pregnant or becomes pregnant prior to participating, he/she consult a physician before participating. It is participant's responsibility to determine if he/she is physically able to participate.
- I understand that adventure activities supervised by trained Camp Rorie-Galloway staff may include the Zip Line, Pamper Pole and other high and low ropes elements.
- I understand the potential risk involved with outdoor activities at CRG that include but are not limited to scrapes and scratches, heat rash, sunburn, bug bites and/or stings, overheating, poison ivy, sumac and/or oak, and ticks. We highly encourage all participants to apply sunscreen and bug spray before coming out to camp each day. **Parents please examine your child at night for any questionable safety concerns.**
- I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of my program activities are strictly voluntary; and it is my own choice to participate in each activity to whatever degree I deem appropriate after due consideration of my own physical health, physical abilities and medical condition. I am willing to assume the risk of any medical or physical condition I may have.
- Mesquite Parks and Recreation is authorized to photograph or video participants and use their image(s) in any advertising or promotion. The City of Mesquite, its staff and volunteers are released of any liability in the event of accident, injury or aggravation of pre-existing conditions.
- Mesquite Parks and Recreation staff is authorized to obtain any and all necessary medical and/or dental attention and/or treatment for the above named participant. All special medical problems/conditions have been listed on the registration form and MPAR staff have been advised of any such medical problems/conditions.
- If the above named participant is a minor, he/she has permission to attend Camp Rorie-Galloway and to participate in all activities as indicated by the signature of the legal guardian. By signing below, the legal guardian agrees that all statements above will be binding upon him/her and his/her estate.

I have read and understood the above statements and by signature(s) below agree that all statements above will be binding upon the participant and the participant's legal guardian.

Signature of participant

Printed Name

Date

Signature of parent/guardian

Printed Name

Date



Camp Rorie-Galloway Participants Only

Medical Questionnaire

This form is intended to remind participants, group leaders and staff of the seriousness of attempting any outdoor or adventure activity with a pre-existing medical condition or personal safety concern. Please answer each question as accurately and honestly as possible. Use additional sheet if necessary.

Name _____ Age _____ DOB _____ Sex _____

(Please explain any "Yes" answer)

1. Do you have pre-existing medical conditions? _____	No	Yes
2. Are you taking medications? _____	No	Yes
3. Do you have heart conditions? _____	No	Yes
4. Do you have high blood pressure? _____	No	Yes
5. Do you have allergies (food, insects, medicine, plants)? _____	No	Yes
6. Do you foresee any problem participating in activities due to lack of exercise? _____	No	Yes
7. Do you have a disability (physical, intellectual, emotional) that would affect your ability to participate in any activities? _____	No	Yes
8. Do you feel any pressure or coercion from anyone to participate in outdoor recreation or adventure activities? _____	No	Yes

PERMISSION TO SECURE TREATMENT

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Initials _____

I have honestly disclosed any medical, psychological or personal information relating to personal safety and related health. I understand that engaging in any activity on City of Mesquite's Camp Rorie-Galloway grounds is a personal choice. When involved in staff-led adventure activities, I understand that a "challenge by choice" atmosphere exists; and I choose the level at which to participate.

Signature of Participant

Printed Name

Date

Signature of Parent/guardian

Printed Name

Date