

**All participants must have these forms completed and on file at Chapel Hill Parks & Recreation in order to attend camp. For safety reasons, your child will be admitted to camp only when fees and forms are completed and on file. Attach additional sheets if needed.**

**CHAPEL HILL PARKS AND RECREATION CAMP INFORMATION FORM**

Check the camp your child attends: **Middle School Camp:**  A  B  C  D  E  F  G  H  
**Community Center:**  A  B  C  D      **Hargraves:**  A  B  C  D

Child's Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Current School \_\_\_\_\_  
Parent / Guardian (1) \_\_\_\_\_ Parent/Guardian (2) \_\_\_\_\_  
Cell Phone for Parent/ Guardian (1) \_\_\_\_\_ Cell Phone for Parent/ Guardian (2) \_\_\_\_\_  
Day Work Phone for Parent/ Guardian(1) \_\_\_\_\_ Day Work Phone for Parent/ Guardian (2) \_\_\_\_\_

*Emergency Contact If Parent / Guardian Cannot Be Reached:*

Local Emergency Contact Name \_\_\_\_\_ (relationship to child) \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

**Is your child attending summer school?**  NO  YES ---Dates: \_\_\_\_\_

**Please List All Persons That The Child May Be Released To/ Picked-Up By:**

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**Name Person(s) We MAY NOT Release The Child To, Even In An Emergency**

\_\_\_\_\_  
\_\_\_\_\_

*(please include copy of court order, if applicable)*

Please give any information about your child which may be helpful to our staff. List any physical, mental or behavioral disabilities, allergies, fears, medications, etc. that staff should be aware of. Example: Sue is on medication for hyperactivity during the school year and may not take it during the summer. **Failure to notify staff about such information may lead to dismissal from camp. (Attach additional sheets if needed).** Our intent is not to label your child but to help him or her to be successful. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the above named, hereby give permission for our child's participation in any and all activities of the above named program, conducted by the Chapel Hill Parks & Recreation Department during the summer of 2014. I assume all risks and hazards incidental to such participation including transportation to and from all activities, and have read the safety protocols included in this packet, and do so hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Chapel Hill, the Parks & Recreation Commission, the organizers, the volunteers, the supervisors, the program staff and the participants from any claim arising out of any injury to the above named person. In addition, I give my permission to UNC Hospitals and/or any other licensed medical facility to provide treatment as deemed necessary by them for the well being of my child/ward. If deemed necessary for the well being of my child/ward an ambulance may be called and I will be responsible for any charges.

**Parent/Guardian Signature**

**Date**

**Discipline/Code of Conduct Policy Acknowledgment-All Parents Must Sign This Section!!**

I have received a copy of the Town of Chapel Hill Parks and Recreation Department's day camp discipline/ Code of Conduct policy and understand all of the provisions made for administering discipline and revoking participation in the day camp setting. I have discussed these expectations with my child and I acknowledge and agree to all of the provisions set forth herein.

Signature Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(middle school campers) Signature of student \_\_\_\_\_ Date \_\_\_\_\_**

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**Please Sign Only the Permission Statements That Apply To Your Child BELOW**

**PERMISSION TO SWIM**

I hereby give my child permission to swim at the pool designated for my child's camp. I understand that should my child be enrolled in a camp that requires transportation, my child will be transported by authorized buses or camp vans to and from the pool. I give my approval for my child's participation in swim time provided through his/her day camp sponsored by the Chapel Hill Parks and Recreation Department.

Signature Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO WALK, BIKE, BUS to/from CAMP**

Instead of being picked up by a designated adult or parent, my child has permission to walk, ride a bike, or take a bus home from camp at the end of each camp day. In addition, I understand that my child must sign in-out each day and will not be supervised once he/she leaves the camp site.

Signature Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTERING MEDICATION POLICY (if applicable)**

My child will require taking medication while at camp. I have requested the 'administering medication' packet to complete and return before the start of camp. The medication itself will be brought the day of camp and logged in by camp staff to keep in a locked area.

Signature Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_