

CAMP INFORMATION FORM

Check the camp your child will attend: Teen Camp Community Center Hargraves

Check the sessions your child will attend: A B C D E F G H I

Child's Name _____

Nickname _____ Birthdate ____ / ____ / ____ Sex ____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Phone _____ Current School (2019/2020) _____

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 _____

Doctor's Name _____ Phone _____

Is your child attending summer school? No Yes Not Sure If attending, what dates? _____

Please List All Persons That The Child MAY Be Released To or 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, emotional or behavioral differences/disabilities, allergies, fears, medications, etc. that staff should be aware of. Example: Sue is on medication for hyperactivity during the school year and may or 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 2020. 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 _____

CAMP PERMISSIONS

ALL PARENTS (from all camps) and ALL TEEN CAMP PARTICIPANTS MUST SIGN THIS SECTION

DISCIPLINE/CODE OF CONDUCT POLICY ACKNOWLEDGEMENT

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 _____

Signature of Teen Camp Participant _____

Date _____

1. FIELD TRIP ACKNOWLEDGEMENT

All campers are required to attend scheduled field trips during summer camp. Staff will not be available on site for campers who do not attend.

Signature Parent or Guardian _____ Date _____

2. MEDICINE PERMISSION (if applicable)

My child will require taking medication while at camp. I have requested the MEDICINE PERMISSION packet to complete and return before the start of camp. I will bring the medication to camp where it will be logged in by camp staff and kept in a locked area.

Signature Parent or Guardian _____ Date _____