CAMPER'S NAME HERE:

_____

Complete the enclosed forms and return to:

Litchfield Park Recreation Center
100 S. Old Litchfield Road
Litchfield Park, AZ 85340

By: Friday, June 10, 2016

If registering after Friday, June 10, 2016:
Return these forms to our Camp Staff
on the FIRST DAY of CAMP your child attends

Required Camp Forms

CAMPER INFORMATION FORM

In order to help us create the best possible environment for your child, we ask that you complete the following Camper Information Form.

CAMPER NAME *(First Name, Last Name)* _____

SWIM LEVEL INFORMATION

Does your child know how to swim? *(Please circle one answer only)* **YES** **NO**

Please rate your child's swimming ability level: *(Please circle one answer only)* **STRONG** **GOOD** **WEAK**

MEDICAL INFORMATION

PLEASE NOTE:
City of Litchfield Park employees *CANNOT* administer medication to your child (or children). If your child requires medication, you must send the proper dosage needed for the day and your camper must administer the dosage himself / herself.

Will your child need to take medication during camp? *(Please circle one answer only)* **YES** **NO**

If you answered **YES** on the previous question, Please provide the name and purpose of the medication, as well as the quantity to be administered.

Name of Med / Purpose	Quantity / Dosage

AUTHORIZED DROP-OFF / PICK-UP ADULTS

In order to help us keep your children safe, please list the name of the adults that are authorized to pick up your child. Since this is a *DROP*-IN camp, campers are free to leave at any time; however we prefer to now which adults have been authorized by the campers parents / guardians.

BELOW, PLEASE LIST THE NAMES OF THE AUTHORIZED ADULTS FOR THIS CHILD

NAME OF AUTHORIZED ADULT	RELATIONSHIP TO YOUR CAMPER

ADDITIONAL INFORMATION

Is there any additional information that you would like to provide to our camp staff to help make your child's camp experience excellent? *(Please circle one answer only)* **YES** **NO**

If you answered **YES** to the previous question, please list this additional information here: _____

_____

_____

_____

_____

Medical Aid to Children / Information and Consent Form

In the event that your child suffers an injury while at camp, we will attempt to contact both parents as well as the emergency contact listed on this form.

CAMPER FIRST NAME:	CAMPER LAST NAME:	BIRTH DATE:	GENDER *(CIRCLE ONE)* **MALE FEMALE**	
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:		NAME of FAMILY DR.	
PLEASE LIST ANY ALLERGIES FOR THIS CAMPER BELOW: _____ _____ _____ _____			DR. PHONE NUMBER:	
			IS THIS PERSON DIABETIC? *(CIRCLE ONE)* ***YES NO***	
PLEASE LIST ANY ADDITIONAL MEDICAL INFORMATION FOR THIS PERSON BELOW: _____ _____ _____				
EMERGENCY CONTACT NAME:	RELATIONSHIP TO CAMPER:		PRIMARY PHONE NUMBER:	
EMERGENCY CONTACT ADDRESS:		CITY / STATE / ZIP:	ALTERNATE PHONE NUMBER:	
PRIMARY INSURANCE COMPANY:	POLICY #:	GROUP #:	INSURANCE PHONE NUMBER:	

CONSENT TO TREATMENT

We, the undersigned parents or guardian of _____, minor, do hereby consent to an x-ray examination, anesthetic, medical or surgical treatment, diagnostic procedure or service that may be rendered to said minor under the general or specific instructions of emergency department physician from emergency medical facility or other physician rendering emergency care.

It is understood that his/her consent is given in advance of any specific diagnosis or treatment being rendered, but is given to consent to emergency treatment as needed.

We hereby release and agree to hold harmless the City of Litchfield Park and the Community & Recreation Services Department, its employees, agents, and/or affiliates from and against any claim for injuries or damages that might arise out of our child's participation at the 2015 Camp Summer Days program alleged negligence on their part for conducting the program or allowing us or our child to participate in it.

This consent shall continue in effect for all who may rely upon it including, but not limited to the medical facility and physician on its medical staff and the City of Litchfield Park and the Community & Recreation Services Department until the end of the 2015 Camp Summer Days program, unless they have received written notice of revocation.

_____ _____

Signature of Parent or Legal Guardian Please Print Parent Name

Date Signed:_____

POLICIES AND PROCEDURES AGREEMENT

I, *(Print Parent Name)* _____ , have read the Policies and Procedures set forth in the Parent Packet provided by the 2015 Camp Summer Days program. I have discussed the contents of this information with my *(circle one)* ***child / children*** and agree that we will comply with these Policies and Procedures.

Please Print Child's Name

Please Print Parent Name

Signature of Parent

Date Signed

CAMP RULES AND GUIDELINES AGREEMENT

I have read and agree to the 2015 Camp Summer Days Rules and Guidelines. In addition, I have also discussed these Rules and Guidelines with my *(circle one)* ***child / children***.

Signature of Parent or Legal Guardian

Date of Signature

PARTICIPATION AGREEMENT

I agree that my *(circle one)* ***son / daughter*** *(Print Child's Name)* _____ , age *(Print Child's Age)* _____ , can participate in the 2016 Camp Summer Days program sponsored by the City of Litchfield Park's Community & Recreation Services Department. I understand that my *(circle one)* ***son's / daughter's*** participation in the program is completely voluntary and that the program is being offered as a optional activity for the benefit of the participants and that my *(circle one)* ***son / daughter*** is not required to participate in the program.

LIABILITY FOR ACCIDENTS

I agree that all activities undertaken by my *(circle one)* ***son / daughter*** as part of the program are undertaken by *(circle one)* ***him / her*** at *(circle one)* sole risk and that the City of Litchfield Park shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to me or to my *(circle one)* ***son / daughter*** or to *(circle one)* ***his / her*** property due to alleged negligence of the City of Litchfield Park, its servants, agents, or employees arising out of or connected with my *(circle one)* ***son's / daughter's*** participation in this program and that on behalf of myself and my *(circle one)* ***son / daughter*** I expressly forever release and discharge the City of Litchfield Park, its servants, agents, or employees, from all such claims, demands, injuries, damages, actions, or causes of action whatsoever.

Signature of Parent or Legal Guardian

Date Signed

Mailing Address

City / State / Zip

Primary Phone Number

Secondary Phone Number

CAMP SUMMER DAYS ~ FIELD TRIP PERMISSION SLIP

My *(circle one)* ***son / daughter*** *(Print Child's Name)* _____ has my permission to attend all of the field trips ***checked*** on the next page during the 2015 Camp Summer Days program. I understand that in order for my child to be eligible for these field trips, they must be registered in that week of camp and adhere the rules and guidelines of this program. I also understand that the Litchfield Elementary School District No. 79 will be providing transportation for the campers and the camp staff during these field trips.

REQUEST of REASONABLE ACCOMMODATE: Please complete the following information if your child needs to enable them to attend one or more of these field trips:

Name of Child *(First Name, Last Name)*: _____

Nature of the Qualifying Disability: _____

Requested / Suggested Accommodation: _____

_____

_____

_____

Physician Contact Information

Physician Name (First, Last)	Physician Phone #	Physician Fax #
Physician Address (Street Address / City / State / Zip Code)		

The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.

I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed necessary by Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference.

_____ _____

Please Print Parent Name Signature of Parent

_____

Date of Signature

Our list of Field Trips on Next Page.

Please check the field trips that your child will be attending.

Your child must be registered in the camp same week as the field trip.

CAMP SUMMER DAYS ~ FIELD TRIP PERMISSION SLIP

WEEK #	ATTENDING YES / NO	DATE *Details*	LOCATION
1			
2			
3			
4			
5			
6			