



**Office on Youth  
Registration Form  
-- CAMP LIMITLESS --  
Therapeutic Recreation – Summer Camp 2020**  
\*Please check ALL dates you are registering for\*



- June 29-July 2 (No camp July 3<sup>rd</sup>)  
  July 6-10  
  July 13-17  
  July 20-24  
  July 27-31  
 9:00 a.m. – 2:00 p.m.  
 • Camp Fee: \$50/week per camper

Participant Information:			
Child's Name:		Nickname:	Primary Diagnosis:
Sex:	Age:	Date of Birth:	Secondary Diagnosis:
Address:		Child Resides With:	
City:	Zip:	Home Phone:	
Mother/Guardian's Name:		Place of Employment:	
Work Phone:		Cell Phone:	
Father/Guardian's Name:		Place of Employment:	
Work Phone:		Cell Phone:	
Mother/Guardian's Email:		Father/Guardian's Email:	

Person(s) authorized to pick up child:
Person(s) <b>NOT</b> authorized to pick up child: (legal documentation must be attached if a parent is listed here)

EMERGENCY CONTACTS:			
List two people who <b>DO NOT</b> live at the same address or have the same phone number as the parent/guardian			
Name:		Relationship:	
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Name:		Relationship:	
Address:			
Home Phone:	Work Phone:	Cell Phone:	

<b>EMERGENCY INFORMATION</b> (Reminder-Staff <b>cannot</b> store or administer medication): List any medical condition, allergies, <u>seizure</u> disorders or vital information related to your child. In addition, please include <b>ALL</b> prescription drugs your child may be taking:	
Does your child have any known allergies or pet/animal allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please Describe:	

Family Physician:	Phone:
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**\* Please read and affirm the following with your initials:** (Some programs may be excluded)

- I give permission for my child to attend the field trips during their participation in any Suffolk Parks and Recreation Therapeutic Recreation Program. I realize that departure and return times are approximate and may change. I understand that the recreation center will be closed on field trip days and I will need to make other arrangements if my child will not be attending the trip.
- I understand that my child must be signed in upon arrival and signed out upon departure each day. I understand that the Suffolk Parks and Recreation Programs are not licensed/certified daycare programs.
- I give permission for my child to participate in all activities conducted in part of Therapeutic Summer Camp/Therapeutic Recreation Programming.
- I understand that if my child has a current history or presents with any signs of violent, aggressive or self-harming behaviors, that they are to be omitted from participating in TR camp programming and may result in my child's expulsion from the program if the behaviors continue to pose a risk to self, staff, and other participants.**
- I understand that Suffolk Parks and Recreation, Therapeutic Recreation Programming, **will not** provide 1:1 assistance/personal aide for my child. Child/individual must be able to use the restroom independently, participate in group activities and follow 1-3 step directions with minimal assistance. If my child is in need of a personal aide, I will either provide my own or make the necessary arrangements for myself or an assistant of legal age to be present during the entire program event. (Assistant/personal aide must be over the age of 18)
- I understand that if my child has a history or presents any signs of animal abuse/aggression that they are to be omitted from participating in the Thera-Paws Animal Assisted Therapy program associated with therapeutic camp programming.
- I understand that if my child is not picked up by the program's closing time, I owe a late fee of \$1 for every minute after the required time. I also understand my child may not return to the program until said fee is paid in full. I understand the staff will go by the center clock and no other. I am also aware that **three (3) late pick-ups will result in my child's expulsion from the program.**
- I understand that if I do not make payments on or before the due date, my child's space will be offered to the next person on the waiting list or to the next person interested in registering if no waiting list exists. I also understand there are **no refunds, no exceptions.** I have read and understand the information listed in the parent information guide, and recognize that I am responsible for the information contained in it.
- In the event of an emergency, I give permission for my child to be transported to the nearest medical facility and have appropriate care administered. It is understood that the staff will make every effort to contact you in such instances.
- I will pick up my child immediately or make arrangements for my child to be picked up immediately if he/she becomes ill or is having behavior issues. I understand that my child may be warned, suspended or expelled due to consistent behavior problems.
- I consent to my child being photographed or videoed during this program; and I understand that these photos can be used for publication to promote the Department's events, activities and programs.
- I will not hold the City of Suffolk Department of Parks and Recreation or Suffolk Office on Youth, its staff or representatives responsible for loss of personal property or for medical or dental expenses incurred as a result of said participation; including liabilities, expenses or judgments, attorney's fees, or court costs, except claims caused by the gross negligence or willful misconduct of the department.

**Release and Waiver:** In consideration of being permitted to participate in any way in Suffolk Parks and Recreation, Therapeutic Recreation programming, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in Suffolk Parks and Recreation, Therapeutic Recreation Summer Camp.

**Indemnification:** I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in Suffolk Parks and Recreation, Recreational Therapy Camps.

Parent/Guardian Printed Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_ (If transcribed, staff initial here \_\_\_\_\_)

OFFICE USE ONLY					
Rec Trac #:					Supervisor's Initials
Birth Certificate Verification		Birth Certificate#:	State:		
Received/Processed By:					
Payment Information:					
Date	Amount	Check/MO #	Receipt #	Session(s)	Staff Initials
