



SUMMER ART CAMP 2019 -Registration Form

August 19 – 23 (10-14 Years of Age)
 August 26 – August 30 (6-9 Years of Age)

Child's Name:		Nickname:		T-Shirt Size:	
Sex:	Age:	Date of Birth:		Grade:	
Address:			Child Resides With:		
City:		Zip:	Home Phone:		
Mother's Name:			Place of Employment:		
Work Phone:			Cell Phone:		
Father's Name:			Place of Employment:		
Work Phone:			Cell Phone:		
Mother's Email:			Father's Email:		
Person(s) authorized to pick up child: No unlisted person will be allowed to pick up your child:					
Person(s) NOT authorized to pick up child: (legal documentation must be attached if a parent is listed here)					
EMERGENCY CONTACTS:					
List two people who DO NOT 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:	
Medical Information					
In order to best serve and meet the needs of each participant, please provide any special needs, disabilities or accommodations so that our team can provide successful participation within our programs.					
Primary Diagnosis/Condition: _____					
Special needs and Accommodations: _____					
Level of Severity or Disability: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe ↳ Comments: _____					
Participant primarily uses/requires (please explain):					
<input type="checkbox"/> Special Assistance - <input type="checkbox"/> Assistive Technology - <input type="checkbox"/> Accessibility Equipment- ↳ Wheelchair (if applicable): <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Other - _____					
*For programs and events that require specific participant accommodations and special needs, advance registration and assessment is required from our Certified Therapeutic Recreation Specialist.					

EMERGENCY INFORMATION (Reminder-Staff cannot store or administer medication):	
List any medical condition, allergies or pertinent information related to your child and include ALL prescription drugs your child may be taking:	
Family Physician:	Phone:

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 Summer 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 Summer Programs are not licensed/certified daycare programs.
- _____ I give permission for my child to participate in all activities conducted in part of OAK (Outdoor Adventure Kamp).
- _____ I understand that if my child is required to attend Summer School he or she will be ineligible to participate in OAK and will be immediately removed from the registration roster.
- _____ I understand that the program closes at 6:00 p.m. and if my child is not picked up by this time I owe a late fee of \$1 for every minute after 6:00 p.m. 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, 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 the Suffolk Parks and Recreation Summer Programs, 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 the Suffolk Parks and Recreation Summer Programs.

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 Summer Programs.

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