



2019 Summer Camp Registration

Please select which camp your child(ren) will be attending

Kidz Kamp Ages 6-12 Space limited to 100 Dunford Recreation Center	S.T.E.A.M Camp Ages 6-12 Space is limited to 100 Rutherford Recreation Center	Sports Camp Ages 6-12 Space is limited to 100 Florence Recreation Center	Teen Camp *M-TH only Ages 12-16 Space is limited to 26 Florence Recreation Center	Outdoor Adventure Camp Ages 6-12 Space is limited to 65 Camp Rorie Galloway
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All camps sites are open from 7:00 a.m. – 6:00 p.m.

Camper Information	
Address: _____ City: _____ Zip: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Camper Name: _____ Grade Completed: _____ T-shirt size: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	

Parent Information	
Parent/Guardian#: (A) _____	DL#: _____
Home Phone#: (A) (____) _____	Work Phone#: (____) _____
Email: _____	Cell#: (____) _____
Parent/Guardian#: (B) _____	DL#: _____
Home Phone#: (B) (____) _____	Work Phone#: (____) _____
Email: _____	Cell#: (____) _____
In case of emergency contact the following person(s) other than parent: Name: _____ Phone: _____ Name: _____ Phone: _____	
The Following Person(s) will be allowed to sign my child out from summer day camp: Name: _____ DL#: _____ Name: _____ DL#: _____	
I DO NOT give permission for my child to be released to the person(s) listed below: Name: _____ DL#: _____ Name: _____ DL#: _____	

Medical Information

In the event of a medical emergency or illness you will be notified immediately. You or your emergency contact need to be available to pick up your child from camp. All camp staff are First Aid and CPR trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper. This may include transportation by ambulance to the nearest medical treatment facility.

Doctor's Name: _____ Phone#: _____

Preferred Hospital Name: _____ City: _____

Health History

(please attach additional page if necessary, all information is kept confidential)

(please circle all that apply)

Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

Allergies

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Please explain allergies and treatment: _____

My child requires the use of an epi-pen: yes _____ no: _____

PERMISSION TO SECURE TREATMENT

In the event of any emergency, I authorize the City of Mesquite to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first. I also give my permission for my child to be released to individuals authorized in this packet to secure treatment if I am unavailable.

Initials _____

MEDICATIONS (All medications must be given to camp staff)

Does your child(ren) require any medications to be taken during camp hours? Yes ___ No ___ Note: Medication will only be administered according to the labeled directions. All medication(s) must be in their original containers with instructions for the administration of the medication on the label. The medication sent to the campsite must contain the daily dosage. Staff is not permitted to accept any larger doses. If there are any changes in the dosage of, frequency or administration of the medication, it is the parent's responsibility to inform the staff in writing.

Child _____ Medicine/Dosage/Time: _____ Medicine/Dosage/Time: _____

Child _____ Medicine/Dosage/Time: _____ Medicine/Dosage/Time: _____

Child _____ Medicine/Dosage/Time: _____ Medicine/Dosage/Time: _____

Child _____ Medicine/Dosage/Time: _____ Medicine/Dosage/Time: _____

MEDICATION WAIVER

My initials below indicate that I acknowledge that the instructions on the pharmaceutical container are accurate and I agree to allow the City of Mesquite staff to assist in the administration of the medication, according to the listed instructions, to their child and I waive any claim against the City of Mesquite or its staff.

Initials _____

BEHAVIOR

Is your child served under a 504 or IEP plan or has your child been diagnosed with a learning disability, behavior disorder or physical disability that we need to be aware of? Yes ___ No ___

If yes please explain: _____

Are there any other conditions requiring our attention that we should know? Yes___ No___

If yes please explain: _____

PICK-UP

Camp hours are from 7:00 a.m. to 6:00 p.m. Children must be signed-out each day from the camp program by a parent or guardian. Due to the number of campers in the program, our 6:00 p.m. closing time will be strictly enforced. **Parents will be given a 5 minute grace period and at 6:06 p.m. late fees will begin to accrue at \$1.00 per minute.**

If a child has not been picked up from the camp site 30 minutes after the program has ended and the staff has made attempts to contact the child(ren) parents and their authorized persons in the emergency list, staff will call the police and turn the child(ren) over to them.

Initials_____

PAYMENT POLICY

My initials below signify that I agree to pay the designated fees in order for my child(ren) to attend summer day camp (including additional fees for late payment and late pick-up). I understand the weekly fee will not be prorated or refunded for non-attendance.

***I further understand that a \$10.00 late fee will be assessed if payment is not received by the Thursday before each week of attendance.**

Initials_____

REGISTRATION CAPACITY

Registration is limited to site capacity and is on a “first-come, first-served” basis. Registration for one week does not guarantee placement in it successive weeks. Spots are not guaranteed until the child is registered and payment is received.

Initials_____

PARTICIPANT PHOTO USE

Mesquite Parks and Recreation reserves the right to photograph or videotape participants in programs and/or facilities. The photos and/or video are strictly for the City of Mesquite use and may be used in publications, flyers, brochures, videos, websites and other advertisements.

My initials below grant permission to the City of Mesquite to use photographs and/or videos of my child solely for the purpose of marketing and advertising in the above mentioned ways.

Initials_____

MOVIE RELEASE CONSENT

My initials below indicate that my child(ren) has permission to view PG rated films while attending Mesquite Parks and Recreation summer camp(s).

Initials_____

SWIMMING LEVEL (Check all that apply)

Child, _____ Does not know how to swim ____ Swims in shallow end only ____ Swims in deep water ____

Child, _____ Does not know how to swim ____ Swims in shallow end only ____ Swims in deep water ____

Child, _____ Does not know how to swim ____ Swims in shallow end only ____ Swims in deep water ____

Child, _____ Does not know how to swim ____ Swims in shallow end only ____ Swims in deep water ____

SUNSCREEN POLICY

Sunscreen application during outdoor activities is a requirement for all campers. Parent(s) are responsible for applying the first layer of sunscreen to their child prior to arrival to the program. Please pack sunscreen in camper’s backpacks clearly labeled with the camper’s name. Campers are also encouraged to wear swim shirts to protect their skin.

My initials below give permission for the MPAR summer day camp staff to assist in applying sunscreen to my child. I understand that this may require the staff to touch my child’s face, shoulders, back, arms, and lower legs. Sunscreen will only be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child’s front torso or upper legs, but will direct the child to. In the event a camper does not bring sunscreen to camp, I also authorize MPAR staff to use emergency sunscreen camp supplies.

Initials _____

OR

I DO NOT give permission for MPAR summer day camp staff to assist in applying sunscreen to my child.

Initials _____

RULES AND DISCIPLINE POLICY

In fairness to all participants of the after school program, all participants are expected to respect themselves, each other, the staff and the program’s facilities. Any form of lewd behavior, bullying, aggression, violence, disrespect or foul language will not be tolerated.

Discipline Policy and Consequences

- 1st offense - On spot counseling and time-out from activities
- 2nd offense - Talk with After School Adventures coordinator and parents
- 3rd offense - Suspend from program for 1 to 3 days depending on severity of the incident and circumstances
- 4th offense - Suspension for 1 week from program activities and from the City of Mesquite Recreation Centers depending on the severity of the incident and circumstances
- 5th offense - Removal from the program and from the City of Mesquite Recreation Centers

We **DO NOT** engage in physical punishment, withhold food, or bathroom access.

All disciplinary actions and suspensions depend on the severity of the incident and circumstances. The city reserves the right to dismiss the participant from the program without warning when it is determined that a participant’s unsafe behavior places other children, himself/herself, or staff in danger. Staff will contact law enforcement officers if determined to be necessary.

When a participant is suspended from a particular site they are also suspended from the City of Mesquite Recreation Centers. Parents will not be refunded for the time their child(ren) is suspended from the program whether it is for one day or one week.

Standard of Care

My signature below indicates that I received the 2019 Youth Programs Standards of Care.

Signature _____

Date _____

RELEASE OF LIABILITY

OUTDOOR ADVENTURE CAMP: CAMP RORIE GALLOWAY & CHALLENGE COURSE LIABILITY RELEASE

The City of Mesquite requires that all participants of Outdoor Adventure Camp and Teen Camp sign below indicating that they understand that certain risks are associated with participating in the activities at Camp Rorie-Galloway including but not limited to physical injury, illness or even death, scrapes and scratches, heat rash, sunburn, bug bites and/or sting, overheating, poison ivy, sumac and/or oak, and ticks.

Challenge Course activities are strictly voluntary and may include the Zip Line, Pamper Pole and other high and low ropes elements. All activities are supervised by trained Mesquite Parks and Recreation staff. Mesquite Parks and Recreation strongly recommends that if a participant has a history of heart, back, or neck problems that the participant's parents/guardians consult a physician before participating. It is the responsibility of the participant's parent/guardian to determine if a participant is physically able to participate in challenge course activities.

My signature below indicates I have read and understand the above statements and that my child(ren) have permission to participate in all activities at Camp Rorie-Galloway.

Parent/Guardian Signature

Printed Name

Date

SUMMER CAMP PARTICIPATION RELEASE

In consideration of (myself/my child(ren) being permitted to go in and on and use recreational facilities operated by the City of Mesquite and participate in recreational activities sponsored by the City of Mesquite Parks and Recreation Department,

I _____, being of lawful age, do for myself, my heirs and assigns, release, hold harmless and forever discharge, the City of Mesquite, its officers and employees from any and every claim, action of any kind, arising from or by reason of any injury to (myself/my child(ren) while (I am/my child(ren) is in or on and/or using any of the recreation activities sponsored by the City of Mesquite Parks and Recreation Department.

My signature below also gives my permission for my child to be transported by the City of Mesquite staff to scheduled off-site program trips.

The undersigned does hereby acknowledge to have read and understood all the information contained on this document and approves all releases, permits and waivers contained herein.

Parent/Guardian Signature

Printed Name

Date

I _____, acknowledge that these releases are signed freely and of my own accord, and that I have a freedom of choice in the selection of summer camps for my child(ren).

Parent/Guardian Signature

Printed Name

Date