C.R.C. Summer Camp Application

2015

Today's Date _____

Child's Information

Name _____
(First) (Middle Initial) (Last)

Birth Date _____ Grade ____ School_____
(Ex. 99/99/9999)

Parent/Guardian Information

Mother/Guardian Name_____
(First) (Middle Initial) (Last)
Address _____
City _____State _____Zip _____
Email address _____
Phone # (Home) (_____)_____ (Cell) (____)_____

Father/Guardian Name_____
(First) (Middle Initial) (Last)
Address _____
City _____State _____Zip _____
Email address _____
Phone # (Home) (____)_____ (Cell) (____)_____
Emergency Contact Name: _____

Session 1: June 1- June 12: $140 ☐	**1 Week: $90** ☐	**Day Rate: $20** ☐
Session 2: June 15- June 26: $140 ☐	**1 Week: $90** ☐	**Day Rate: $20** ☐
Session 3: June 29- July 10: $140 ☐	**1 Week: $90** ☐	**Day Rate: $20** ☐
Session 4: July 13- July 24: $140 ☐	**1 Week: $90** ☐	**Day Rate: $20** ☐

After Camp:	**June 1- June 12: $100** ☐	**Weekly Rate: $50** ☐	**Day Rate: $12** ☐
	June 15- June 26: $100 ☐	**Weekly Rate: $50** ☐	**Day Rate: $12** ☐
	June 29 - July 10: $100 ☐	**Weekly Rate: $50** ☐	**Day Rate: $12** ☐
	July 13 - July 24: $100 ☐	**Weekly Rate: $50** ☐	**Day Rate: $12** ☐

In exchange for Participant's participation in the City of Cottonwood CRC Summer Program, Participant, Parent(s) and /or Legal Guardian(s) of a minor Participant, agree as follows:

1. Photos

I give permission for my child to be videotaped or photographed by the City of Cottonwood employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcasts, newspapers, or city brochure etc. _____ (Initial)

2. Participant Waiver of Rights and Release of Liability

Participants, all parents and /or legal guardians, hereby releases, waives and discharges the City of Cottonwood, its employees and agents from liability claims and demands of negligence on the part of the City of Cottonwood, its employees and agents arising in connection with participation in Cottonwood After-School Program activities and use of City of Cottonwood facilities and equipment. _____ (Initial)

3. Indemnification and Hold Harmless

Participant, Parent(s) and/or Legal Guardian(s), further agrees to indemnify and hold harmless the City of Cottonwood, its employees and agents, against all losses, damages, monetary awards and expenses, including all costs and attorneys' fees, incurred in connection with any and all claims of negligence on the part of the City of Cottonwood, its employees and agents, brought by Participant, Parent(s) and/or Legal Guardian(s), his or her heirs, successors, assigns, and legal representatives, for any injury, death, illness, disease, or damage to property, arising from or connected with participation in any activity of the Cottonwood After-School Program. ___ (Initial)

4. Drop-in Program

The City of Cottonwood's After-School Program is a Drop-in program. Participants are allowed to sign themselves in and out as they please. The City of Cottonwood's Parks and Recreation Department recommends that participants only leave when signed out by an authorized person or parent. _____ (Initial)

5. Discipline

*The staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and directions of the After-School Program staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior. Parents will be notified daily if their child needed guidance or discipline. The course of action is outlined as: 1. Warning-for specific unacceptable behavior, 2. Time-Out-with a warning of future consequences for repeated behavior, 3. Time-Out with a call to parent or guardian and a write-up. Discuss corrective action & consequences for future incidents with parent upon pick-up,4. Time-Out with a call to parent or guardian and a write-up. Discuss corrective action & consequences for future incidents with parent upon pick-up, and 5. Suspension-1-2 scheduled days from the program and/or the remainder of the day. *Repeated aggressive/inappropriate behavior with 3-5 suspensions will result in removal from program with approval from Coordinator and Supervisor. No refunds for participants being suspended from the CRC ASP. _____ (Initial)*

6. Library Card

Camp participants must have a library card. If participants don't have a library card we suggest that the parents of participants sign up for a card before the camp starts. _____ (Initial)

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY; INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT, AND THAT I SIGN IT VOLUNTARILY. I HAVE ALSO READ AND AGREE TO THE DISCIPLINE POLICY, PHOTO WAVIER AND DROP-IN PROGRAM POLICY.

_____	_____	_____
Parent/Legal Guardian	Signature	Date

Emergency Information and Immunization Record Card

City of Cottonwood – CRC Summer Camp

(**IMPORTANT NOTE**: Allergies, special needs and medical concerns must be listed, also the CRC Summer Camp staff will not have access to these forms for privacy concerns the Parks and Recreation Office will keep these forms on file for the duration of the program.) Please staple a recent photo (that will not be returned) of your child to the back of this form.

Participants Name _____ Age ____ Birthdate _____
Last First (ex 99/99/9999)
Home Address _____
Street City State Zip
Home Phone _____ Gender (M)____ (F)____ Weight _____

Parent/Guardian Name_____ Home Phone _____
Work _____ Cell _____
Address (If different from above)_____
Street City State Zip

Parent/Guardian Name_____ Home Phone _____Work _____ Cell _____
Address (If different from above)_____
Street City State Zip

Emergency Contacts
Name_____ Relationship_____ Phone_____
Name_____ Relationship_____ Phone_____

Medical Insurance Carrier_____ Policy #_____ Phone_____
Physician's Name_____ Phone_____
Allergies (if yes please list)_____
Medications (if meds are being taken while at CRC ASP , you must fill out a medications form and turn it into the Parks and Recreation Office)
Medication #1_____ Reason for Med_____
Medication #2_____ Reason for Med_____
Immunizations: Please attach a photocopy of your immunization record to the back of this form.
Date of last tetanus shot_____ Is your child up to date on all immunizations? (Y) (N)
Has participant had any injury, illness, infection, disease, restrictions, condition, surgery, seizures, mental, physical, emotional, behavioral conditions (or other special needs/information we should be aware of)? Please list
_____
_____
_____
_____

Permission to provide necessary treatment of emergency Care: I hereby give permission to the first aid/medical personnel selected by CRC ASP to order X-Rays, routine tests, treatment: to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the CRC ASP to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian_____ Date_____

THIS MUST BE COMPLETED AND RETURNED IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE CRC ASP!

Participants Name _____

CRC Summer Camp Medication Form

Request for medication to be given during CRR Summer Camp (to be completed by Parent/Guardian) Please notify the Parks and Recreation office to notify if your child has medication that they will be required to take while at CRC Summer Camp!! Thank You!

NOTE: We are unable to give any prescribed or over the counter medication that is not in the original prescription bottle. We are required to give medication as directed on the label unless a written prescription or letter addressed to us and signed by your child's doctor is provided.

Name of Medication #1:_____
Dose Prescribed:_____
Time(s) Given:_____
Reason for taking Med:_____
_____

Name of Medication #2:_____
Dose Prescribed:_____
Time(s) Given:_____
Reason for taking Med:_____
_____

Name of Medication #3:_____
Dose Prescribed:_____
Time(s) Given:_____
Reason for taking Med:_____
_____

I request that my child _____, be given/allowed to take the prescribed medication listed above while she/he is at CRC Summer Camp.

Date: _____ Home Phone: _____
Work Phone: _____ Cell: _____

Signature of Parent/Guardian: _____

Pick-Up Release Form for CRC Youth Programs

Student Name: _____

School: _____

Guardian's Name: _____

Phone Number: _____

I hereby grant permission for the following individuals to pick up my child from the Cottonwood Recreation Center's Youth programs and allow for them to be contacted in an emergency:

(1.)

Name: _____

Phone Number: _____

Relationship with Student: _____

(2.)

Name: _____

Phone Number: _____

Relationship with Student: _____

(3.)

Name: _____

Phone Number: _____

Relationship with Student: _____

Parent or Guardian Signature: _____

Date: _____

COTTONWOOD RECREATION CENTER