

City of Webster Ultimate Slammin Summer Camp Program Registration

Child's Name: _____ Gender _____ DOB: _____
(Last) (First) (M.I.) M F Age: _____

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|---|---|
| Custodial Parent/Guardian Name: _____ Relationship to Child: _____ | |
| Home Address: _____ (Street) | _____ (City) _____ (State) _____ (Zip) |
| Home Telephone: _____ | Office Telephone: _____ |
| Cell Phone/Pager: _____ | TDL #: _____ (Must have for identification purposes) |
| Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No | Email: _____ _____ <i>only if applicable</i> _____ |
| Spouse's Name: _____ Relationship to Child: _____ | |
| Office Telephone: _____ | Cell Phone/Pager: _____ |
| TDL #: _____ (Must have for identification purposes) | Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|---|
| Name of Additional Parent: _____ Relationship to Child: _____ | |
| Home Address: _____ (Street) | _____ (City) _____ (State) _____ (Zip) |
| Home Telephone: _____ | Office Telephone: _____ |
| Cell Phone/Pager: _____ | TDL #: _____ (Must have for identification purposes) |
| Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No | Email: _____ |
| _____ <i>additional persons to be contacted/consulted in case of emergency (if parents are not available)</i> _____ | |

| | |
|---|---|
| Name: _____ | Name: _____ |
| Relationship to Child: _____ | Relationship to Child: _____ |
| Home Telephone: _____ | Home Telephone: _____ |
| Office Telephone: _____ | Office Telephone: _____ |
| TDL #: _____ (Must have for identification purposes) | TDL #: _____ (Must have for identification purposes) |
| Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No | Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|---|--|
| For Office Use Only: | Proof of Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No | Proof of Age: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shot Records: <input type="checkbox"/> Yes <input type="checkbox"/> No | Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ | Amount Paid: _____ |

City of Webster Ultimate Slammin Summer Camp Program Parent/Guardian Authorizations and Acknowledgements

Child's Name: _____

I understand that the City of Webster's camp supervision for my child begins when my child arrives at a City of Webster facility and is checked in by City of Webster camp personnel. I understand that I am not to leave my child at a City of Webster program site unless released to a City of Webster camp staff person who is there to receive and supervise my child.

I understand that the City of Webster's responsibility for my child ends when an authorized adult has signed my child out from the camp program.

I understand that my child will not be released to any person not listed as "authorized to pick up child." I understand that additions to the "authorized to pick up my child" list must be made in writing and given to the camp director prior to the time this individual is scheduled to pick up the child. I also understand that any authorized person who arrives to pick up my child and exhibits behavior as if under the influence of drugs or alcohol will not be allowed to check out my child. The City of Webster reserves the right to refuse the release of a child to any individual if the child will be in danger. The police and/or CPS may be contacted if other arrangements cannot be made.

My child has my permission to be transported by the City of Webster staff or their representatives.

My child has my permission to attend all scheduled field trips.

My child has my permission to participate in activities that involve water while under the supervision of the City of Webster staff or its representatives.

The City of Webster has my permission to use photographs of my child participating in the Ultimate Slammin Summer program for the purposes of advertisement or general informative articles concerning the Ultimate Slammin Summer program. This may include the "Gateway," the City of Webster Website, and local newspapers.

I understand that City of Webster staff and volunteers are not allowed to baby-sit or transport children at any time outside the City of Webster program.

I understand that state law mandates the City of Webster to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither the City of Webster nor its representatives shall be held liable or responsible for medical treatment in such case of illness, accident, or other emergency situation as may occur while my child is participating in the City of Webster summer programs.

Signature of Parent/Guardian

Date

City of Webster Ultimate Slammin Summer Camp Program Preferences for Medical Treatment

Child's Name: _____ Gender _____ DOB: _____
(Last) (First) (M.I.) M F Age: _____

Hospital Preference: _____ Phone: _____

Physician's Name: _____ Phone: _____

In order for us to provide your child with the best possible service it is recommended that you provide staff with a copy of your child's insurance card. If you elect not to do so, please complete this section.

Child's Insurance Co.: _____ Policy Number: _____ Phone: _____

Policy Holder's Name: _____ Relation to Child: _____

Recommendations and Restrictions While at Camp

Please list any medications to be administered at camp (separate form must be completed): _____

Please list any medications that are normally taken and are temporarily being discontinued: _____

Please list any allergies: _____

Please list any activities that need to be limited or restricted while at camp: _____

- All medication to be administered at camp must be in the original container and accompanied by a completed medication form.
- All medication is dispensed according to prescribed/recommended dosage and times stated on the original container.

In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to the City of Webster staff or their representatives to transport the above mentioned child to the nearest medical facility and/or to secure the intervention of medical personnel deemed to be necessary treatment, including hospitalization.

Signature of Parent/Guardian

Date

City of Webster Ultimate Slammin Summer Camp Program 2022 Session Selection

Child's Name: _____

Instructions: *During the Registration process* - Please check the "Register" boxes for up to four sessions if spots are available. If you would like to be added to the vacancy waiting list for any of the remaining sessions, check the appropriate boxes in that column. Staff will then confirm the registration on our lists for each session. You will be assigned a waiting list number for any session that is full, or for any session you have chosen to wait for the vacancy fill date. Please ask a staff member if you need further clarification.

| Session | Register | Vacancy Waiting List |
|--|--------------------------|--------------------------|
| Session I (June 6 - June 17) <i>Just Ballin'</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Session II (June 20 - July 1) <i>Fun In The Sun</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Session III (July 5 - July 15) <i>A Ticket To Boardwalk</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Session IV (July 18 - July 29) <i>Just Swimmin' Around</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Please check your child's t-shirt size:

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> YS | <input type="checkbox"/> YM | <input type="checkbox"/> YL | |
| <input type="checkbox"/> AS | <input type="checkbox"/> AM | <input type="checkbox"/> AL | <input type="checkbox"/> AXL |

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| <p>RESIDENTS (PER SESSION): \$75.00 for the 1st child \$65.00 for each additional child \$20.00 extra for Extended Hours 8a.m.-5p.m</p> | <p>NON-RESIDENTS (PER SESSION): \$200.00 for the 1st child \$180.00 for each additional child \$40 extra for Extended Hours 8a.m.-5p.m.</p> |
| <p>Camp Hours: 9a.m.-4p.m. or Extended Time 8a.m.-5p.m. (All Camp fees are non refundable)</p> | |

Signature of Parent/Guardian

Date



Photo Release Form

I hereby authorize The City of Webster to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in The City of Webster's print, online, and video based marketing materials, as well as other City of Webster publications.

I hereby release and hold harmless The City of Webster from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize The City of Webster to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in marketing materials or other City of Webster publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release The City of Webster, its contractors, its employees, and any third parties involved in the creation or publication of The City of Webster publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

Names and Ages of Minor Children

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____