

City of Webster Ultimate Slammin Summer Camp Program Registration

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

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

Name of Additional Parent: _____		Relationship to Child: _____	
Home Address: _____		_____	
(Street)		(City)	
_____		(State) (Zip)	
Home Telephone: _____		Office Telephone: _____	
Cell Phone/Pager: _____		TDL #: _____	
		<i>(Must have for identification purposes)</i>	
Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email: _____	

additional persons to be contacted/consulted in case of emergency (if parents are not available)

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Telephone: _____	Home Telephone: _____
Office Telephone: _____	Office Telephone: _____
TDL #: _____	TDL #: _____
<i>(Must have for identification purposes)</i>	<i>(Must have for identification purposes)</i>
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

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 2019 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. On April 30th we will fill any vacancies remaining in the program using the vacancy waiting list. Please ask a staff member if you need further clarification.

Session	Register	Vacancy Waiting List
Session I (June 10- 21) <i>Just Ballin</i>	<input type="checkbox"/>	<input type="checkbox"/>
Session II (June 24 - July 5) <i>Living in Paradise</i>	<input type="checkbox"/>	<input type="checkbox"/>
Session III (July 8 - July 20) <i>A Ticket to Boardwalk</i>	<input type="checkbox"/>	<input type="checkbox"/>
Session IV (July 22 - August 2) <i>Just Puttin 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 |

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

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.

Camp Hours: 9a.m.-4p.m. or Extended Time 8a.m.-5p.m.
(All Camp fees are non refundable)

 Signature of Parent/Guardian

 Date