**Summer day Camp Registration form**

**Camp Drop Off:** 7:30am-8:00am \*\*Please note drop off ends at 8:00am if you need a later time please discuss when registering camper.

**Camp Pick Up:** 2:00pm

Monday-Thursday 7:30am-2pm. $20 per week. July 7-10, 14-17, 21-24. Campers must wear tennis shoes, bring lunch and snacks to stay at camp. Grades K-6th with an **IEP eligible up to age 22**. Please notify us prior to camp of any sensory concerns regarding required shoe requirements.

**Camper Information:**

**FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL HISTORY INCLUDING ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PARENT/GUARDIAN INFORMATION:**

**FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION TO PLAYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE INITIAL OR SIGN EACH POLICY BELOW:**

**Emergency Care Release**: In the event of an emergency in which I cannot be reached, I authorize medical personnel to provide the necessary first aid and/or hospitalization of my child (children).

**Parent Signature:**

**Date:**

**\_\_\_\_\_\_ Parent Consent: I understand that I am giving authorization for my child to participate in Davidson County Parks and Recreation Department Summer Camp. I recognize and acknowledge there are certain risk of physical injury and I agree to assume full risk of injuries including death, damage or loss that my minor child may sustain as a result of participating in these activities. I agree to waive and relinquish all claims my minor child may have as a result of participating in this program against Davidson County Parks and Recreation, instructors, employees, and independent contractors. By initialing, I fully understand and fully release all claims.**

**\_\_\_\_\_ Photo Release: By allowing my minor child to participate in this program, I give consent for Davidson County Parks and Recreation Department to use photographs, and video tapes of participants on department social media.**

**I HAVE READ. UNDERSTAND, AND AGREE TO ALL OF THE POLICIES.**

**PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

**PAID: YES OR NO AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_**

**RECEIPT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAFF INITALS: \_\_\_\_\_\_\_\_\_\_\_**