

Please return prior to your child's first day of camp.



Indy Parks and Recreation Summer Day Camps
Registration Form 2012

Drop off at a Day Camp Location or mail to
INDY PARKS and RECREATION Summer Day Camps
200 E. Washington Street, Suite 2301, Indianapolis, IN 46204

Camper Information Section: (Please Print Clearly)

Camper's Name: _____ Nick Name: _____
Birth Date: _____ Age: _____ (during camp) Sex: Male – Female (please circle)
Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ Day Camp Location: _____
School Attending in Fall: _____ Grade to attend in fall: _____

Parent/Guardian & Emergency Information Section:

Parent/Guardian's Name: _____ Relationship: _____
Address If Different: _____ City: _____ State: _____ Zip: _____
Day Phone Number: () _____ Evening Phone Number: () _____
Work Phone Number: () _____ Pager/Cell Phone Number: () _____

Additional Emergency Contact:

Contact Name: _____ Relationship: _____
Phone Number: () _____ Phone Number: () _____ Phone Number: () _____

Additional Emergency Contact:

Contact Name: _____ Relationship: _____
Phone Number: () _____ Phone Number: () _____ Phone Number: () _____

Physician's Name: _____ Office Phone Number: () _____

Authorization for Pick-Up:

(MUST BE FILLED OUT)

Person's authorized to pick up camper: (other than parent/guardian listed above)

1. Name: _____ Home Number: _____ Work Number: _____

2. Name: _____ Home Number: _____ Work Number: _____

Person's NOT authorized to pick up camper.

1. _____ 2. _____ 3. _____

Authorization to Administer Medication:

Although we encourage medication to be given to your child before or after camp, we understand there might be a need for your child to receive medication during camp hours. A procedure has been established for medications to be administered by camp staff. Medications must be brought to camp in the original containers with clearly written directions for usage. I hereby give my consent for the staff to administer medications to _____ as prescribed according to the below instructions. (Parent Initials) _____

MEDICATIONS: (Please send all medications in original RX bottles with directions)

Med. #1 _____ M T W Th F Med. #2 _____ M T W Th F

Med. #3 _____ M T W Th F Med. #4 _____ M T W Th F

Health History and Authorization for Treatment:

(All Questions Must be Marked)

In the past year....

1. Has this camper required any counseling or hospitalization? **Yes or No** Explain _____

2. Has this camper had any operations or serious injuries? **Yes or No** Explain _____

Does this Camper...

3. Have an emotional, intellectual and/or physical disability? **Yes or No** Explain _____

4. Have activity encouraged or limited by a physician? **Yes or No** Explain _____

5. Have dietary modifications due to medical or religious guidelines? **Yes or No** Explain _____

6. Use assistive devices? Glasses, Hearing, Leg Braces... **Yes or No** Explain _____

7. Other? Parent/Guardian concerns? Phobias, Allergies... **Yes or No** Explain _____

Immunizations

My child's immunizations are up to date as required by Indiana Public Schools. **Yes or No**

If your child is not up to date as required by Indiana Public School please list the

Dates below or attach immunization record: (Month/Year, List last tetanus)

Vaccine	Month/Year	Vaccine	Month/Year	Vaccine	
DTP	_____	Influenza B	_____	MMR	_____
Polio	_____	Hepatitis B	_____	Or Measles	_____
Varicella (chicken pox)	_____			Or Mumps	_____
				Or Rubella	_____

Tetanus Shot

All campers must list date of last Tetanus. _____
month/year

Authorization for Treatment:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I hereby give permission to the medical personnel selected by the Indy Parks and Recreation SDC and/or Park Manager to order X-rays, routine tests, treatment, and necessary transportation for the person herein described. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Indy Parks and Recreation SDC and/or Park Manager to secure and administer treatment, including hospitalization, for the person named above. The complete forms may be photocopied for trips off site. **(Parent Initials)** _____

SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE

X _____ Date: _____

Requested Place for Treatment: (Hospital Name) _____

Waiver and Release From Liability Section: (Please Initial and Sign all lines below)

(I) (WE) _____ do hereby RELEASE and forever DISCHARGE the said Department of Parks and Recreation and Consolidated City of Indianapolis, Indiana, and their respective agents, officers and employees, from all claims, demands, damages or claims for relief on account of any and all injury which may exist or which may hereafter arise from participation in this 2012 Department of Parks and Recreation program. (I) (WE) do further agree to protect the said Department of Parks and Recreation and/or the Consolidated City of Indianapolis, Indiana, and their respective agents, officers and employees, from any damages incurred by way of claim, demand or judgment and agree to reimburse said Department of City for any loss, damage or cost incurred. I affirm under penalties or perjury that (I) (WE) am 18 years of age or older, and that I executed the above foregoing WAIVER AND RELEASE FROM LIABILITY and that such are true and correct to the best of my knowledge and belief, this _____ day of _____, 2012.

(I) (WE) HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. **(Initials)** _____

Field Trip Permission:

I hereby give permission for _____ to attend all day camp field trips as part of Indy Parks and Recreation's Summer Day Camp Program. **(Initials)** _____

Anti Bullying Policy:

(I)(WE) _____ understand that Indy Parks and Recreation is a "No Bully Zone". Indy Parks is a safe learning and recreational environment, in which every person has the right to develop emotionally, academically, and physically in a caring and supportive atmosphere free of intimidation and abuse. Bullying of any type has no place on the grounds of Indy Parks facilities or inside programs AND WILL NOT BE TOLERATED. Those who choose to bully others may be asked to leave the premises or even prohibited from participating in Indy Parks activities.

Photographic Release:

I hereby (DO) (DO NOT) _____ consent to and authorize Indy Parks and Recreation to reproduce photographs or video of my child for advertising and publicity purposes of any description. **(Initials)** _____

SIGNATURE OF PARENT/GUARDIAN

X _____ Date: _____



Participant Demographics

Dear Indy Parks and Recreation Program Participant:

Indy Parks and Recreation receives funding from many different city, state, federal and private agencies that require us to report demographic information on the users of our programs and services. Please complete the following information down below and return it to the program area manager or coordinator. This information is kept **confidential**.

Participant Initials:

Program Coordinator Initials:

Program Title/Location:

Parent/Guardian Information	Child's Information
<p>X Marital Status</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p>X Employment</p> <p><input type="checkbox"/> Employed for Wages</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Stay at Home Parent</p> <p>X Education</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> High School Graduate</p> <p><input type="checkbox"/> Technical School Graduate</p> <p><input type="checkbox"/> College Graduate</p> <p>X Family Income Level</p> <p><input type="checkbox"/> Below \$10,000</p> <p><input type="checkbox"/> \$10,000-\$14,999</p> <p><input type="checkbox"/> \$15,000-\$19,999</p> <p><input type="checkbox"/> \$20,000-\$29,999</p> <p><input type="checkbox"/> Over \$30,000</p>	<p>X Ethnic Background</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> Other</p> <p>X Sex</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>X Age</p> <p><input type="checkbox"/> 1-5 years</p> <p><input type="checkbox"/> 6-8 years</p> <p><input type="checkbox"/> 9-11 years</p> <p><input type="checkbox"/> 12-15 years</p> <p><input type="checkbox"/> 16-18 years</p> <p><input type="checkbox"/> 19 and up</p> <p>X Disabilities</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Emotional</p> <p><input type="checkbox"/> Combination</p>

