



# Sunshine Camp Registration Form

275 Beasley Drive, Versailles, KY 40383  
(859)873-5948

**PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION ON BOTH SIDES OF FORM**

### CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle: Male Female

Child lives with: Mother Father Both Other: \_\_\_\_\_

**CHILD'S SHIRT SIZE:**      YS      YM      YL      AS      AM      AL      AXL  
*(For Sunshine Camp Only)*

### PARENT/GUARDIAN INFORMATION: *(Please list in order of preferred contact)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W/C): \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W/C): \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT: *(NOT A PARENT—Contacted only if a parent/guardian cannot be reached)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W/C) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W/C) \_\_\_\_\_

### PICK-UP LIST

Children are **ONLY** permitted to leave camp with individuals listed here!

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### INSURANCE INFORMATION

If No Insurance, check here

Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**MEDICAL/ALLERGY INFORMATION**

Does your child have any allergies that we should be aware of (eg: food, medicine, latex, bee stings, etc.) YES NO  
If yes, please explain \_\_\_\_\_

Is your child on any medication we should be aware of? YES NO  
If yes, please explain: \_\_\_\_\_

Does your child have a medical condition of which we should be aware? YES NO  
If yes, please explain \_\_\_\_\_

**Authorization for Medical Care:**

In the event that emergency medical care is required, I give permission for a representative of the Recreation Department and/or ambulance service to transport my child to the nearest medical facility to render treatment.

\_\_\_\_\_  
Parent/Guardian Signature Date

-----  
**FIELD TRIP, MOVIE & AQUATIC PERMISSION SLIP**

**Swimming:** My child may go swimming: YES NO  
My child must wear a life jacket: YES NO  
My child may go up to this depth: 4' 7' 12'  
**Movies:** My child may watch movies at camp: YES NO  
If yes, my child may watch movies rated: G PG PG-13

**Field Trips:** My child may attend camp field trips YES NO

I give my child \_\_\_\_\_, permission to participate in the above listed activities that are planned and supervised by Versailles-Woodford County Parks and Recreation Department and its camp staff.

\_\_\_\_\_  
Parent/Guardian Signature Date

-----  
**WAIVER AND TERMS OF PARTICIPATION**

1. I understand that some camp activities can be dangerous and that my child could be killed or seriously injured while participating. Injuries that could occur include, but are not limited to: paralyzation, brain injury and broken bones. Recognizing the inherent risks associated with participation in this camp and its activities, and still desiring my child to participate, I hereby agree to indemnify and hold harmless the Versailles-Woodford County Parks & Recreation Department, Woodford County Fiscal Court, the City of Versailles and the members, employees, and all individuals responsible for the conduct of activity involving my child for claims including but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks and Recreation Department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program and that I must inform the Department of any medical condition that may require special attention or treatment.
2. I understand that that all fees must be paid in full before my child will be permitted to attend camp. I also agree to pay all registration fees associated with my child's attendance at camp and that my child will not be permitted to register for any other Parks & Recreation program if my Sunshine Camp fees are not paid in full.
3. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child during participation in Parks and Recreation Department Activities.
4. I give the Parks & Recreation Department permission to contact me via email for updates regarding this program and other Parks & Recreation related programs.
5. I understand that the Department will not issue refunds after camp has begun unless there is a medical reason that my child cannot participate. In case of medical reason that a child cannot attend camp a written statement must be received within 10-business days prior of camp starting.

\_\_\_\_\_  
Parent/Guardian Signature Date

1. Sunshine Camp does NOT provide sunscreen for campers, as it is considered a medication by Kentucky State Law, therefore each camper must provide his or her own sunscreen. (Due to possible allergies, there is NO sharing of sunscreen between campers). If a camper does not have his or her own sunscreen, he or she will not be allowed to participate in outside activities.
2. Campers should arrive at camp with a thick coat of sunscreen **already applied**.
3. Sunshine Staff will reapply sunscreen to campers regularly throughout the day. When campers are at the pool, staff will reapply sunscreen during breaks.
4. There will always be two or more Camp Staff present when sunscreen is applied.
5. We encourage campers to wear hats and swim shirts as an added layer of protection. This is especially important if your child has sun sensitivities.
6. Parents will be notified when his or her child's sunscreen is running low. If the child runs out of sunscreen he or she will not be able to participate in outside activities.

### **SUNSCREEN PERMISSION SLIP**

By signing below, I, \_\_\_\_\_, agree that I have read and understand the Versailles-Woodford County Parks & Recreation Department Sunshine Camp Sunscreen Policy and give camp staff permission to apply sunscreen to my child or children while attending Sunshine Camp. I agree to provide an unexpired bottle of sunscreen labeled with my child / children's first and last name(s). As with any topical medication or cream, I understand that the first application of any brand of sunscreen should be applied at home in order to evaluate my child's possible allergic reaction to that product.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Camp Contract

## **As a camper, I will:**

- Show respect to other participants, and treat them as well as I would like to be treated
- Show respect to staff, and cooperate fully with their instructions
- Know and follow the Camp rules
- Respect the rights and beliefs of others and treat others with courtesy and consideration
- Communicate in an appropriate manner. I will not use foul language or gestures, harsh words or a harsh tone of voice.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.
- Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly
- Respect the property of others
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action.
- Always listen to the lifeguards when at the swimming pool. I will stay in designated swim areas and will not participate in dunking or horseplay or run on the pool deck.
- I will not wander off from my group
- I will not talk to people that I don't know
- I will tell my parent, a camp counselor or the camp director if something happens at camp that makes me sad, scared or uncomfortable.

### **Statement of Commitment**

Our family has discussed this contract and will do our best to follow all camp rules and expectation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date