

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

Versailles-Woodford Co Parks and Recreation Sunshine Camp Sunscreen Policy

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

Parent's Signature Date

Versailles-Woodford Co Parks & Recreation Sunshine Camp Waiver of Liability

THIS IS AN ACKNOWLEDGEMENT OF VERSAILLES-WOODFORD COUNTY PARKS & RECREATION & SUNSHINE CAMP RULES

- I agree to follow all rules and instructions set forth by the Versailles-Woodford County Parks & Recreation Department, Falling Springs Center, and its employees.
- I understand that Falling Springs Center is for my personal use only and that use of this facility for private financial gain (unless through rental agreement with Parks & Recreation) is strictly prohibited.
- 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 Camp fees are not paid in full.
- 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.

THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the ACTIVITY/ACTIVITIES AND/OR THE USE OF FACILITIES, EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the **Versailles-Woodford County Parks & Recreation Department**, and the agents, employees, directors, board members, magistrates, council members, and officers of these entities, (hereinafter referred to as "Releasees") FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY AND/OR EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES TO THE PERSON OR PROPERTY OR RESULTING IN ILLNESS AND/OR DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE ACTIVITY/ACTIVITIES AND/OR THE USE OF FACILITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. BY PARTICIPATING IN OR ATTENDING THIS ACTIVITY OR UTILIZING FACILITIES YOU ASSUME ALL RISKS WHETHER KNOWN OR UNKNOWN.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the ACTIVITY/ACTIVITIES OR USE OF FACILITIES WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
3. HEREBY acknowledges that there is an inherent risk in any vigorous physical conditioning program or activities and that THESE TYPES OF ACTIVITIES OR USE OF FACILITIES MAY BE DANGEROUS and involve the risk of exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she ASSUMES FULL RESPONSIBILITY FOR ANY RISK WHATSOEVER, INCLUDING BUT NOT LIMITED TO BODILY INJURY, EXPOSURE, DEATH OR PROPERTY DAMAGE arising out of or related to the ACTIVITY/ACTIVITIES AND/OR USE OF FACILITIES whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

I HAVE READ THIS ACKNOWLEDGEMENT OF RULES, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF ALL RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

4. I understand and give permission for the Parks and Recreation Department or local media to photograph or video my child during participation in Parks and Recreation Department Activities.
5. I give the Parks & Recreation Department permission to contact me via email for updates regarding this program and other Parks & Recreation related programs.

Parent/Guardian 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