



# Summer Day Camp Registration Form

<b>In Office Use Only</b>
<input type="checkbox"/> Administration Fee Paid
<input type="checkbox"/> Payment Schedule Explained

**LOCATION**

Cub Run     John C Myers     John Wayland     Lacey Spring     McGaheysville     Mountain View     Peak View

**RATES:****\*NEW\* NO ADMIN FEE** Weekly - \$85 per week, Sibling - \$80 per week**Payment Deadlines:**

May 14: June 21-July 16

June 11: July 19-August 13

**\*Weeks may fill up before payment deadlines\***

\*Please note the **ONLY** way to secure your child's spot each week is to pay for the weeks attending. It is the parent's responsibility to meet the payment deadlines and enroll their child each week.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_

First Parent/Guardian \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Health Information**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Daily Medications \_\_\_\_\_

**Emergency Contact Information 1 (OTHER THAN PARENTS)**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

**Emergency Contact Information 2 (OTHER THAN PARENTS)**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

**Person(s) authorized to pick up****Person(s) NOT authorized to pick up (If parent please include custody paperwork)**

# Emergency Alert for Allergic Reaction

Fill out ONLY if child has allergies!

## My child is at risk for a life-threatening allergic reaction

- Yes
- No

## My child's allergy was identified through allergy testing:

- Yes
- No

## My child had the following symptoms during the reaction:

- Red, watery eyes
- Shortness of breath
- Coughing
- Swelling
- Hives
- Dizziness
- Nausea/Vomiting
- Runny nose
- Tightening of throat

Other \_\_\_\_\_

## My Child has an allergic reaction to:

- Bees
- Latex
- Food (Please specify) \_\_\_\_\_
- Other \_\_\_\_\_

## Please check circumstances which reaction could occur:

- Skin contact
- Ingestion (eating allergen)
- Inhalation (breathing allergen)

## My child had his/her last reaction on the following

date: \_\_\_\_\_

*If an allergic reaction would occur at summer day camp, personnel will administer first aid (remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a*

- Administer medication – Name and dosage: \_\_\_\_\_
- Call 911 Immediately
- Call Physician

**\*\*Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction\*\* If medication is necessary, please complete the Medication Authorization Form.**

## AGREEMENTS

### Medical

The parent /guardian authorize the Summer Day Camp Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent (s) guardian agree to inform the program within 24 hours or the next business day after his child or any member of the immediate family has developed a reportable disease, as defined by the State Board of a Health, except for life a threatening disease which must be reported immediately.

### Release of Liability

I consent to my child's participation in the Summer Day Camp Program sponsored by the Rockingham Parks & Recreation Department. I waive all rights to release all claims that might be held against the County of Rockingham and agents for any and all Injuries or losses which may be suffered because of my child's participation in the Summer Day Camp Program.

### Photography Release

I give permission to have my child's picture taken and understand it could be used in Rockingham County Publications, to include the Recreation website, social media, activities guides, etc.. The child's name will not be used.  YES  NO

### Financial Commitment

I understand I am responsible for all charges associated with this enrollment, including any late fees. I also acknowledge that I have received a current copy of the Summer Day Camp Parent Handbook and understand all policies and procedures outlined.

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

Any additional comments that we should be aware of that will provide valuable information for the Summer Day Camp staff:

# INITIAL CREDIT CARD PAYMENT AUTHORIZATION FORM

Child(ren) Names: \_\_\_\_\_

School: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fill out the following information if you would like to have your initial one-time Summer Day Camp payment automatically deducted from your account upon RCPR receiving your forms. If you do not pay the full summer up front it will be your responsibility to make any additional payments, please see the parent handbook for payment deadlines and schedule. **\*The only way to secure your spot is to pay for ALL weeks attending. Paying for the first week or two does not secure you spot of the entire summer.\*** We will shred any credit card authorization forms after the first initial payment is processed. Please charge my card for the following weeks:

- |  |   |
|--|---|
| <input type="checkbox"/> Week 1 : June 21– June 25 | <input type="checkbox"/> Week 5 : July 19– July 23    |
| <input type="checkbox"/> Week 2 : June 28– July 2  | <input type="checkbox"/> Week 6: July 26– July 30     |
| <input type="checkbox"/> Week 3 : July 5– July 9   | <input type="checkbox"/> Week 7: August 2 – August 6  |
| <input type="checkbox"/> Week 4 : July 12– July 16 | <input type="checkbox"/> Week 8: August 9 – August 13 |

**Name as it appears on card:**

First: \_\_\_\_\_ Middle/Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Card Information:

Visa - debit or credit card

MasterCard - debit or credit card

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Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CVC Number (3 digit verification code on back of card) \_\_\_\_\_

Amount to be deducted from my account \$ \_\_\_\_\_ \$85/week (\$80/week per additional sibling)

Based on the information above, I (person responsible for making the account payments) authorize the Rockingham County Parks and Recreation Department to make the one time charge to my debit/credit card for payments.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



# COVID-19 Assumption of Risk and Waiver of Liability Release Form

## Rockingham County Parks and Recreation Summer Day Camp

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have placed limits on group gatherings.

Rockingham County Parks and Recreation (RCPR) continues to monitor all suggestions released by the state of Virginia, Department of Health and the CDC. We will be taking all steps to limit the possibility of exposure and/or spread of COVID-19, however cannot guarantee that you or your child(ren) will not become infected. Further, attending Summer Day Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

Our Summer Day Camp will operate under the current guidelines of the Virginia Forward plan as well as guidance from Rockingham County Public Schools. Any changes deemed necessary will be passed along to the families of all participating children.

We will be taking these guidelines very seriously and ask for your help to keep our program a safe environment for not only all children and staff, but also the school personnel as well. We ask that in the event of known exposure and/or any sign of symptoms, you notify RCPR immediately and refrain from sending your child(ren) to Summer Day Camp until cleared by a doctor.

By signing this waiver, you understand the possibility exists of exposure to COVID-19 at Summer Day Camp. RCPR is taking all proactive measures to reduce the chance of spread of the virus, however we cannot fully eliminate the possibility of exposure.

Furthermore, on your behalf, and on behalf of your child(ren), you release, covenant not to sue, discharge, and hold harmless RCPR, its employees, agents, and representatives, of and from any and all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19. This waiver and release includes any claims based on the actions, omissions, or negligence of RCPR, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any RCPR program.

Child(ren): \_\_\_\_\_

Site Attending: \_\_\_\_\_

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

Parent/Guardian Print: \_\_\_\_\_

Date: \_\_\_\_\_