

# 2017 REGISTRATION FORM

# AQUACAMP

## CAMP FEES (Please initial)

Weekly Fee: \$90/Residents  
\$112/Non Residents

**Camp Dates: Aug. 7 - 11 , 9a.m-3p.m.**

Registration: A \$20 fee per camper will be added to the camp fee if payment is received after Monday, July 31.

Guardians initials: \_\_\_\_\_

Late Pick Up: Campers who are not picked up by 3:15 p.m. will be placed in Hydrating Afternoons where a \$8 fee will be added. Campers not picked up from Hydrating Afternoons by 6 p.m. will pay an additional \$5 and a \$1 fee per camper per minute late.

Guardians initials: \_\_\_\_\_

## CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in July \_\_\_\_\_ Sex \_\_\_\_\_

Can camper swim independently in water deeper than his/her height? No \_\_\_\_\_ Yes \_\_\_\_\_

Has camper ever taken swimming lessons? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does camper need assistance to participate? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain.

Pediatrician's Name \_\_\_\_\_ Pediatrician's Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Does your camper have an IEP? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, staff may request a copy of IEP for training

Camper's medications \_\_\_\_\_

Does camper need to take medication during camp hours? No \_\_\_\_\_ Yes \_\_\_\_\_

**Our medication procedure must be followed if campers receive medication(s) at camp**

Please describe any other medical conditions you feel we should be aware of (allergies, asthma, diet restrictions, etc.)

Health Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Phone Number \_\_\_\_\_

## FAMILY INFORMATION

Camper Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Pager ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Pager ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email address \_\_\_\_\_

## EMERGENCY CONTACT - Please do not list yourself

(1st Contact) Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Pager ( \_\_\_\_\_ ) \_\_\_\_\_

(2nd Contact) Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Pager ( \_\_\_\_\_ ) \_\_\_\_\_

# PICK UP AUTHORIZATION

The following people are authorized to Pick Up my camper from Aqua Camp. Campers will not be released to any persons not on the following pick-up list. If you need a special arrangement for one day please send a note with your camper that day or call 314-645-1476

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

**\*\*\*\*\*Each person must present a valid drivers license for pick-up.\*\*\*\*\***

X \_\_\_\_\_

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

# NOT AUTHORIZED TO PICK-UP CAMPER

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

**Appropriate custody paperwork must be attached if a parent is not allowed to pick up a camper.**

# AQUA CAMP GOALS

**Fun... Positive Values... Safety...  
Positive Identity... Aqua Camp Rules...**

I will treat others with respect. I will keep my hands and feet to myself. I will not fight with others. I will not talk ugly to others. I will listen to my Aqua Camp Leaders. I will not bully others. I will take care of my belongings and camp supplies. I will clean up after myself. I will talk to my Leaders when I am having a problem. I will use self control at all times. I will be the best camper I can be!

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Camper

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

# AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In case of an accident or illness, if I (we) cannot be reached to make necessary arrangements, I (we) hereby authorize PARC Staff to contact the local Paramedics for transportation to the nearest hospital.

# FIELD TRIP PERMISSION RELEASE

I hereby give permission for \_\_\_\_\_ to go to THE HEIGHTS as part of PARC 2015 Aqua Camp program, if the outdoor pool closes for inclement weather. Transportation type is the PARC bus or a van.

# RELEASE FOR PARTICIPANT BY PARENT

In consideration of your accepting either my child's entry, I hereby, for myself, for my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages my child may have against the City and its representatives, successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups.

# SIGNATURE OF PARENT/GUARDIAN

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

Date \_\_\_\_\_