



City of Hammond Recreation Department
Holiday Camp Registration Form
601 W. Coleman Ave. Hammond, La 70403



CAMPERS INFORMATION

Campers Name: _____ Date of Birth: _____

Campers Age: _____

Gender: Male Female Did you sign up for last years summer camp Yes No

Shirt Size: YS 6-8 YM 10-12 YL 14-16 AS AM AL AXL Other _____

***The size you circle is what will be issued. If you request another size you will be responsible for purchasing the new size.

PRIMARY INFORMATION

Mother/Guardian Name _____ Home Phone _____ Cell Phone _____

Address City/Town State Zip _____

E-mail _____ Work Phone _____

Father/Guardian Name _____ Home Phone _____ Cell Phone _____

Address City/Town State Zip _____

E-mail _____ Work Phone _____

Are there any court orders relating to the child's custody or release? Yes No If yes, please provide a copy of the court order.

Emergency Contact/Authorized Pick-up Information (in addition to names listed above)

Name Relationship Phone _____

Name Relationship Phone _____

Name Relationship Phone _____

Name Relationship Phone _____

Name Relationship Phone _____

LIABILITY INFORMATION

CONSENT FOR MEDICAL TREATMENT As the parent or legal guardian of the above-named child. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

RELEASE OF LIABILITY In consideration of their child being permitted to participate in any event or activity sponsored, promoted, or organized by the City of Hammond Recreation Department, the undersigned for himself or herself, personal representatives, heirs, assigns, relatives, and minor child HEREBY RELEASES, the City of Hammond and its respective insurers, officers, officials, sponsors, employees their agents and Chappapeela Park, hereafter referred to as RELEASES, of any and all liability to the minor child, whether the child is for any purpose participating in such event or activity. It is fully understood by each of the undersigned that there is some inherent risk associated with the activity, including damages to property and personal injury. IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the Releases of any loss, liability damage, or cost they incur due to such participation by the child, whether caused by Releases' negligent act or omission, acts or omissions of other participants, other persons or otherwise while the minor is participating in any event or activity organized and/or sponsored by the City of Hammond.

In signing this release, I hereby acknowledge and represents to the City of Hammond the following:

1. That he/she has read the foregoing Release and Waiver of Liability and Indemnity Agreement and fully understands its contents.
2. That his/her minor child participating in the event or activity are in good health, physically fit and physically able to participate in the activity.

IMAGE CONSENT/RELEASE I hereby give permission for images of myself and the child for whom I am guardian that are captured during the City of Hammond Recreation Department activities or events through video, photo and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation or ownership thereto. As such, I relieve and hereby agree to hold the City of Hammond, City of Hammond Recreation Department, affiliated organizations and sponsors or partners of the City of Hammond Recreation Department free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast, I understand that the recording/interviews/photography are being carried out with my consent and so I assume full responsibility.

Parent / Guardian Signature: _____ **Date:** _____

By submitting this registration form, you understand and agree to all registration policies

CAMPERS HEALTH HISTORY FORM

Please list any medications your camper is currently taking including the dose, prescription and times (additional medication release form is required)

Please list all known allergies

Please list the date and nature of any operations or serious injuries

Please describe any disability or chronic or reoccurring illness

Please list any activities not encouraged or limited by a physician

Please describe any dietary modifications or considerations

Name of Physician Phone

Hospital Preference Phone

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including, hospitalization, for my child named above.

Parent/Guardian

Signature Date

IMPORTANT INFORMATION

Registration Package:

\$25 a day or **\$100** for Full Camp any additional child will be **\$15** a day or **\$60** for the full camp

Age: 5-14 years old. (Must be 5 by before first day of camp)

Camp time 8:00am-4:00pm.

Drop Off

Michael J. Kenney Center

601 W. Coleman Avenue.

Hammond, La 70403

Office Hours For Registration

Monday-Friday 8am - 4pm

(985) 277-5903 and 985-277-5908

Payments

Cash, checks or money order payable to the City of Hammond Recreation Dept.

No partial payments accepted.

Birth Certificate

Please attach a copy of the campers birth certificate.

REGISTRATION POLICIES

Late Registration: The late registration fee (\$5 per child) will be charged after due date.

After the late registration deadline, all interested campers will be placed on the waiting list. There is no guarantee that waiting list campers will be placed on a session.

Refunds: The deadline to submit a refund request is the week before the first day of camp

. Please allow 1-2 weeks for refunds to be processed and mailed.

The number of spots are limited. Application accepted on a first come first serve basic only.

Early/Late Drop off

In addition to the monthly fee:

\$25.00 per week or \$5.00 a day for Before Camp Program Begins 7:00am and After Camp Program Begins 4pm and Ends at 5:30pm.

ENROLLMENT AGREEMENT

I understand that I must sign my child in and out of the program daily and that I must provide a valid picture ID in order to do so.

Any other authorized persons sent to pick up my child must be listed on the child's application and must also be able to furnish a picture ID. Those persons listed must be at least 18 years of age.

I understand that if my child remains at Camp past the scheduled closing, I will be charged, and I agree to pay **\$1.00** for each minute per child, after closing. Any more than **TWO late pick-ups** may be cause for termination from the program without a refund fee.

Parent/Guardian

Signature

Date

Official Only

Fee Paid: _____

Received F/A [Y] [N]