



# City of Hammond Recreation Department Summer 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 \_\_\_\_\_

**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)

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Please list all known allergies

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

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Please describe any disability or chronic or reoccurring illness

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Please list any activities not encouraged or limited by a physician

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Please describe any dietary modifications or considerations

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Name of Physician Phone

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Hospital Preference Phone

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Check one:

Swimming consent: My child \_\_\_\_\_ is  **allowed**  **not allowed** to swim in Zemurray Park public pool during summer camp hours.

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.

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Parent/Guardian

Signature Date

## IMPORTANT INFORMATION

### Camp Session

- June 1st-July 24th**

This year, the only option that is accepted is the

#### **Full Summer Camp only**

### Registration Package:

Age: 5-12 year olds. (Must be 5 by June 1st)

**\$300 for the Full Summer Camp Per Camper**

(\$150 discount for each additional sibling.)

Registration period is **February 3rd to May 1st .**

**Please attach a copy of the campers birth certificate if the camper is a new camper.**

### Payments

**Cash, check, or money orders payable to the City of Hammond Recreation Department.**

No partial payments accepted. **No application is accepted without pay**

## REGISTRATION POLICIES

**No** applications will be accepted after the deadline or when camp is full. The number of spots are limited. Applications are accepted on a first come first serve basis.

### Office Hours For Registration

Monday-Friday 8am - 4pm  
(985) 277-5903 and (985) 277-5908

### **Drop Off**

Michael J. Kenney Center  
601 W. Coleman Avenue.  
Hammond, La. 70403

### **Early/Late Drop off (Cash only)**

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

In addition to the monthly fee:

\$5.00 per day or \$20.00 a week (**Cash only**) Before Care begins at 7:00a.m. and After Care Begins 4p.m. and Ends at 5:30p.m.

## 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 **FOUR 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 ]**