

# SUMMER CAMPS 2023

## DIVISION OF PARKS AND RECREATION INDIVIDUAL REGISTRATION FORM FOR ALL CAMPS EXCEPT ESP (Use separate form for each child)

PLEASE PRINT ALL INFORMATION LEGIBLY

Please see attached for important registration dates and deadlines.

Office Use Only:

Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Scholarship: \_\_\_\_\_  
Amount Pd: \_\_\_\_\_  
Method of payment: (circle one)  
Check    Cash    Credit    PO

Camper Name: \_\_\_\_\_ Age: (as of August 1, 2022) \_\_\_\_\_ Gender:  M  F

Address of Camper: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Camper lives with:  Parent(s)  Guardian

Did this child attend a Parks and Recreation camp last summer?  Yes  No

### EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION

(IF PARENT/GUARDIAN LISTED ABOVE CANNOT BE REACHED-MUST PROVIDE AT LEAST ONE CONTACT)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**Note: We cannot release your child to anyone other than the parent(s)/guardian(s) named above or the persons listed on this form. Individuals should be prepared to show identification.**

### PLEASE CHECK ALL THAT APPLY:

#### Allergies:

\_\_\_\_\_ Hay Fever  
\_\_\_\_\_ Ivy Poisoning, etc.  
\_\_\_\_\_ Insect/bee stings  
\_\_\_\_\_ Penicillin  
\_\_\_\_\_ Asthma  
\_\_\_\_\_ Food  
\_\_\_\_\_ Other (Please specify)  
\_\_\_\_\_

#### Conditions:

\_\_\_\_\_ Seizures  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Exposure to Sun  
\_\_\_\_\_ Other (Please specify)  
\_\_\_\_\_

#### Neuro/Psychological:

\_\_\_\_\_ ADD/ADHD  
\_\_\_\_\_ Epilepsy  
\_\_\_\_\_ ODD  
\_\_\_\_\_ Brain Injury  
\_\_\_\_\_ Anoxia  
\_\_\_\_\_ Other (Please specify)  
\_\_\_\_\_

Does your child need assistance due to a disability in order to fully participate in this program? (ex: sign language interpreter, one-on-one supervision, etc.)  Yes  No If yes, please describe: \_\_\_\_\_

If medication is to be taken at camp, please provide the following information:

(Dosage and time to be taken must be marked on the **original medicine container** sent to camp.)

Name of Medication

Dose (# pills, etc.)

Exact time to be taken

What is this medication for? \_\_\_\_\_

What are the effects of this medication on your child? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital choice in case of emergency: \_\_\_\_\_

Our camps do **not** provide medical/health insurance. Campers are strongly encouraged to have their own insurance.

**THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION**

**MEDICAL CONSENT AGREEMENT AND RELEASE:** I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in order to grant any additional authorization for medical procedures. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant or Parent/Guardian (if minor child): \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER AND RELEASE AGREEMENT:**

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s). \_\_\_\_\_Initial

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation. \_\_\_\_\_Initial

(3) I understand that by signing this application I am responsible for payment and will comply with payment deadlines as specified in parent letter. \_\_\_\_\_Initial

(4) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s). \_\_\_\_\_Initial

(5) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators. \_\_\_\_\_Initial

(6) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons. \_\_\_\_\_Initial

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant or Parent/Guardian (if minor child): \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP RELEASE:** As a part of our camp program, field trips may be taken. The camp will give advanced notice concerning the location and the type of each individual field trip and any special items that may be needed. If we schedule a trip where the entire camp goes, ALL campers present that day are required to attend. Please sign below to give your child's permission to attend field trips and off-site activities.

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

**WALKER RELEASE:** My child is a walker and has permission to walk to and from the Division of Parks and Recreation camp or bus stop.

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