

# 2017 R-Centers Summer Camp Registration

**For Office Use Only**

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

**Instructions:** Please complete one of these forms per child and return with \$100 deposit to: City of Rochester Bureau of Recreation, 400 Dewey Avenue, Rochester, NY 14613 - Fax: 585-428-6021 Phone: 585-428-6755  
Please return this form only. Keep other material for your reference.

Number of Registered Children: \_\_\_\_\_  
Names: \_\_\_\_\_  
\_\_\_\_\_

## Camper Information

Camper Name: \_\_\_\_\_  M  F Birth Date: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
T-Shirt Size: Youth - S M L Adult - S M L XL Is this your first summer with us?  Yes  No  
How did you hear about ArtSmart and GVP Youth Sports Camps? \_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian 1 Information

Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_

### Parent/Guardian 2 Information

Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_

## Pickup Authorization and Emergency Contacts

Is Parent/Guardian 1 authorized to pick up?  Yes  No Is Parent/Guardian 2 authorized to pick up?  Yes  No  
**Other individuals authorized pick my child:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
**In an emergency, when parent or guardian cannot be reached, please contact:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Camp Date Selection

Please indicate ( X ) summer camp session choices below:

\* Parents must notify staff when child will be absent.

	7/3 - 7/7	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28	7/31 - 8/4	8/7 - 8/11	8/14 - 8/18	8/21 - 8/25
ArtSmart (Cobb's Hill Park)								
Sports Camp (Genesee Valley Park)								
Great Adventures (LaGrange R-Center)								

## Health & Immunization Records

### Health History

\_\_\_\_\_ Asthma  
\_\_\_\_\_ Chicken Pox  
\_\_\_\_\_ Convulsions  
\_\_\_\_\_ Ear infections  
\_\_\_\_\_ Diabetes

\_\_\_\_\_ Measles  
\_\_\_\_\_ Mumps  
\_\_\_\_\_ Poison Ivy  
\_\_\_\_\_ Rubella  
\_\_\_\_\_ Rheumatic Fever

### Allergies

\_\_\_\_\_ Nuts  
\_\_\_\_\_ Insect Stings  
\_\_\_\_\_ Poison Ivy  
\_\_\_\_\_ Penicillin  
\_\_\_\_\_ Other Drugs  
\_\_\_\_\_ Latex  
\_\_\_\_\_ Other

### Immunization History

I certify that all of my child's immunizations are up to date  
 I understand that I must submit a full copy of my child's immunizations before he/she can attend camp.  
Immunization history should be provided to the Bureau of Recreation by **June 9, 2017**

Health Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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## Health & Immunization Records (Continued)

Please indicate “yes” or “no” to the following questions and list any additional information.

Does your child use any self-administered medications?

No  Yes (Please Describe) \_\_\_\_\_

Do you give your child permission to carry and apply sunscreen? (sunscreen must be FDA-approved, over the counter, and provided by parent/guardian to camper)  No  Yes

Has your child had any operations or serious illnesses?

No  Yes (Please Describe) \_\_\_\_\_

Does your child have any chronic or recurring illnesses?

No  Yes (Please Describe) \_\_\_\_\_

Are there any activities that your child should be encouraged to do?

No  Yes (Please Describe) \_\_\_\_\_

Are there any activities that should be restricted for your child?

No  Yes (Please Describe) \_\_\_\_\_

Please provide the staff with any additional health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for your child:

**RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO CAMP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME. *The City of Rochester does not discriminate on the basis of handicap status in its programs, activities or employment.***

## Parent/Guardian Agreement

Please initial in the spaces provided and sign below:

- \_\_\_\_\_ I hereby state that all the information included on this form is accurate and my child is capable of participating in this program.
- \_\_\_\_\_ I agree to notify the summer camp staff immediately of any changes in address, phone number, places of employment, or persons authorized to pick up my child, etc.
- \_\_\_\_\_ I will provide the staff with any pertinent health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for my child.
- \_\_\_\_\_ I understand that not fully disclosing the above may put my child's health and safety at risk.
- \_\_\_\_\_ I have read and understand the information in the Summer Camp registration packet.
- \_\_\_\_\_ I am responsible and agree to cooperate with summer camp policies including but not limited to payment procedures and deadlines, hours of operation, and behavior policy.
- \_\_\_\_\_ I understand that summer camp staff reserves the right to remove my child from the program for failure to follow the policies and procedures of the program and the Bureau of Recreation at their discretion.
- \_\_\_\_\_ I give full permission for my child to attend and participate in all summer camp activities, including off-site field trips under staff supervision.
- \_\_\_\_\_ I intend to be hereby legally bound, for myself, my heirs, executors and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors and employees for any and all injuries which may be suffered by my child.
- \_\_\_\_\_ If an accident occurs, I give my permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child to be taken to a hospital.
- \_\_\_\_\_ I give consent that the City of Rochester Department of Recreation and Youth Services may use photographs, slides, and video of my child, as may be needed for its records or promotional purposes including website material to promote the interests of the department.

X

Parent or Guardian Signature

Date