



CAMPS 2016

Medical * Liability * Photo Release
Discipline Form

Camp Attending:		Office Use Only:							Week #	
RR	MT	1	2	3	4	5	6	7	8	9
CRBU	TC	1	2	3	4	5	6	7	8	9
Specialty		1	2		4	5	6	7	8	9
Travel			2		4		6		8	9
Sport		1		3		5		7		

Camper's Name: _____ Age: _____ Birth Date ___/___/___ Sex: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ School: _____ Grade: _____

Mothers Name: _____	Fathers Name: _____
Mothers Home Phone: _____	Fathers Home Phone: _____
Mothers Work Phone: _____	Fathers Work Phone: _____
Mothers Cell Phone: _____	Fathers Cell Phone: _____
Mothers Email: _____	Fathers Email: _____
Person Other than parent to be contacted if the parent is not available:	
Name: _____	Relationship: _____
Phone: _____	

The NAMES of persons, other than parent, to whom **THE CHILD MAY BE RELEASED:**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The NAMES of persons **WHO CANNOT PICK UP THE CHILD:**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Known Medical Problems/Special Concerns: _____

Allergies: _____ Last Tetanus Shot Date: _____

MEDICATIONS: _____

WILL THEY BE TAKEN AT CAMP? YES OR NO

If YES, Please note that RARA REPRESENTATIVES ARE NOT PERMITTED TO ADMINISTER ANY MEDICATIONS TO CAMPERS.

PHYSICIANS AND YOUR INSURANCE INFORMATION

Physicians Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

HOSPITAL PREFERRED FOR EMERGENCY TREATMENT: _____

Health Insurance Company: _____ Policy# _____

Print Here Please: I (you), _____, hereby give permission to RARA to secure emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical facility for **(Your Child's Name Here)** _____, a minor child, while under the supervision of RARA.

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

WHAT ELSE DO WE NEED TO KNOW? Is there anything that RARA should know about your child's physical or mental health? **ANY SPECIAL INSTRUCTIONS?**

DISCIPLINE POLICY: Upon the occurrence of a disciplinary problem as determined by RARA, the child may be suspended or terminated from the program. In Such cases, the parent will be notified to pick up the child immediately. A DISCIPLINE PROBLEM IS DEFINED as any child who is hampering the smooth flow of the program by either requiring one on one attention; is inflicting physical or emotional harm on other campers; is physically and/or verbally abusing staff or is otherwise unable to conform to the rules and guidelines. If your child is excluded from the program due to discipline infractions, NO REFUNDS WILL BE GIVEN. **Please INITIAL HERE** _____

PHOTO RELEASE: PHOTOS MAY BE TAKEN during RARA programs and unless RARA receives signed, written objections, **PHOTO'S MAY BE REPRODUCED** for publication by RARA or any media outlet chosen by RARA. **Please INITIAL HERE** _____

WAIVER OF LIABILITY STATEMENT: I GIVE CONSENT FOR MY CHILD TO TAKE PART IN CAMP, activities, field trips or excursions under proper supervision. I understand I will be informed of the FIELD TRIPS. In registering my child for this activity, **I HEREBY RELEASE RARA, the City of Rochester Hills, the City of Rochester,** and all supervisors, leaders and STAFF OF ALL LIABILITY for damages or injuries sustained by my child while participating in these activities. I ACKNOWLEDGE that RARA and its supervisors, chaperones and staff cannot assume liability for injury enroute to or from day camp field trips and/or Day Camp activities. I verify my child is in good health and that HE/SHE is in good physical condition and able to participate in all camp activities, and has not been advised otherwise by qualified medical personnel and that all immunizations are complete and up to date.

I HAVE READ THIS WAIVER AND I AM ENROLLING MY CHILD IN DAY CAMP. PLEASE SIGN

SIGNATURE OF PARENT/GUARDIAN _____

THE DATE: _____