



Winter Adventure Camp

Registration Form

Ages 5-13

Please complete the this form in full prior to registering for camp. If you have more than one child, please fill out a registration form for each child participating in camp.

CAMPER INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Age: _____ Gender: _____

Current School Attending: _____ Current Grade Level: _____

Sibling's name(s) at camp and age: _____

Check ALL dates your camper will be attending.

12/20 12/21 12/22 12/23
 12/27 12/28 12/29 12/30 12/31

Does your child take any medication during:

School Year: Yes NO

List Medications: _____

If medication will need to be administered during a program by our staff then a Medication Form must be completed!

For Office Use Only:

Receipt #: _____ Date Received: _____ Received By: _____

PARENT / GUARDIAN #1

Name: _____ D.O.B: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

E-mail: _____

PARENT / GUARDIAN #2

Name: _____ D.O.B: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

E-mail: _____

EMERGENCY INFORMATION

In case of an emergency, which hospital do you prefer?

Doctor: _____ Phone: _____

Allergies/Reactions (include food, drug, other): _____

SPECIAL ACCOMMODATIONS

Is your child able to participate in recreation activities? Yes No

Participation limitations and/or restrictions: _____

If necessary, please describe any accommodations (medical, physical, or behavioral needs) and/or other information that will assist camp staff in helping your child get the most out of our camp. _____

PICK - UP AUTHORIZATION

Parent/Guardian #1: _____ Contact Phone: (____) _____ - _____

Parent/Guardian #2: _____ Contact Phone: (____) _____ - _____

Emergency Contact #1: _____ Relationship: _____

**Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone: _____ Cell or Work Phone: _____

Emergency Contact #2: _____ Relationship: _____

**Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone: _____ Cell or Work Phone: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

***Name of person(S) NOT allowed to pick up my child:** _____

Appropriate custody paperwork must be attached if a **parent is not allowed to pick up a child.*

PROGRAM RELEASES & ACKNOWLEDGMENTS

_____ Initial	<p>Emergency Clause In the event that I cannot be reached in an emergency, I hereby give my permission to employees of the Ferguson Adventure Camp program to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.</p>
_____ Initial	<p>Media Release I consent and give permission to allow the City of Ferguson unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating in the Adventure Camp program.</p>
_____ Initial	<p>Release Clause The undersigned hereby releases and holds harmless the Ferguson Adventure Camp program and any officers, employees or agents thereof, uncluding without limitation the Ferguson Park Board, City of Ferguson, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.</p>
_____ Initial	<p>Late Pick - Up Policy Camp pick up is no later than 6:00pm. Any guardian arriving late, will be charged \$5.00 for each 15 minutes he or she is late. Participants will not be allowed to return to the program until this fee is paid. If a parent is late more than three times, the child will not be allowed to return to the Ferguson Adventure Camp program.</p>

I am aware of all the releases and policies stated above:

Signature of Responsible Party _____ Date _____



Ferguson Adventure Camp

Medication Administration & Authorization Form

For Prescription and Non-prescription Medication

Camper Name _____ Date of Birth _____

Prescription medication shall be in the original container and labeled with the child's name, instructions, including times and amounts for dosages and the physicians name. All non-prescription medication shall be in the original container and labeled by the parent(s) with the child's name and instructions for administration, including times and amounts for dosages. This form is valid **ONLY** for the dates indicated below.

PHYSICIAN

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for the duration that exceeds 10 work days.
(Child's Name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start Date) (End Date)

Physician's Signature: _____ Date: _____

Physician Phone: _____

PARENT / GUARDIAN

Ferguson Parks and Recreation has my permission to administer the following medication

for _____.
(Child's Name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start Date) (End Date)

Parent/Guardian Signature: _____ Date: _____