



BURLINGTON RECREATION & PARKS SUMMER CAMP REGISTRATION FORM 2021

Please check if your child will be attending a Day Camp and/or Specialty Camp. If attending a Specialty Camp, please specify.
To be eligible for Day Camps: 1) a child must have completed kindergarten **AND** 2) be 6 years old on or before August 31, 2021.
Birth certificates may be requested to verify a child's age.

PAID IN FULL DAY CAMP
 WEEKLY DAY CAMP
 SPECIALTY CAMP: _____

CAMP CHOICE (CIRCLE ONE)	Fairchild (Fairchild Community Center) Ages: 5 - 12	Grove Park (Grove Park Elementary) Ages: 5 - 12	Overbrook (Burlington City Park) Ages: 5 - 12
	St. Mark's (St. Mark's Church) Ages: 5 - 12	Thataways (Thataways Youth Center) Ages: 5 - 12	

Child's Name (please print): _____ Preferred Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Date of Birth: _____

Age: _____ Gender: _____ School: _____ Grade Level (Fall 2021): _____

Parent/Guardian Email: _____

Parent/Guardian Information

The adult(s) listed in this section should be those in which the participant resides.

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Emergency Contacts & Release Authorization

Participant will be released only to the parent/guardian(s) listed. The participant can also be released to the following individuals, as authorized by the parent/guardian(s). In the event of an emergency, if parent/guardian cannot be reached, Burlington Recreation & Parks staff has permission to contact the following individuals. Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and are allowed to sign out the participant. Authorized individuals must be 16 or older and identification will be required to sign out participant. Any changes must be submitted in writing (see director to make changes). If the individual picking up does not provide identification, the participant cannot be released.

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Child's Swimming Ability

I give permission for my child to participate in any swimming activities and swimming field trips with Burlington Recreation and Parks. Stated below is the water level I will allow my child to swim. If this swim level is not appropriate I give permission to the staff to change to a safer, more appropriate level for my child's swimming ability.

The Maynard Aquatic Center is split into three zones. Each zone is colored coded and every swimmer will wear a color-coordinated wrist band. The zones are as follows:

_____ Kiddy Pool 16in to 2ft (non-swimmers, no swim test will be required) • Red Bands

_____ Gradual 2ft to 4ft (no swim test will be required) • Green Bands

_____ 4ft to Diving Well* (swim test will be required) • Blue Bands

**Campers must pass a swim test for this swim level. Campers must jump in and swim successfully unassisted without touching the bottom, side, or lane ropes of the pool for 25 yards.*

Parent/Guardian's Signature: _____ Date: _____

Health Care Needs & Additional Information

1. List any allergies and the symptoms and type of response required for allergic reactions*: _____

**If your child has an allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your child with an EpiPen to keep at the program site.*

2. List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns: _____

3. Does the participant have any chronic illnesses/conditions (explain): _____ YES / NO

4. Respiratory Problems*: _____ YES / NO

**If your child requires an inhaler please note that we strongly encourage providing your child with an inhaler to keep at the program site.*

5. Nervous Disorders: _____ YES / NO

6. Diabetes: _____ YES / NO

7. Hyperactivity: _____ YES / NO

8. Heart Disease: _____ YES / NO

9. List any types of medication taken for health care needs **AND** what they are being taken for*?

10. Are any medications needed to be taken during program hours*? _____ YES / NO

** For any participant with health care needs such as allergies, asthma, or other chronic conditions that require medication, a completed Medication Policy & Action Plan Packet must be attached to the application. **Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be administered during the program or kept on site.** Children may not medicate themselves. The Medication Policy & Action Plan Packet must be completed by the child's parent and health care professional. **Is there a medical action plan attached?** Yes ___ No ___*

- Please check here to verify that you will NOT be providing your participant with an EpiPen for allergy listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have Benadryl or EpiPens on site available for use.
- Please check here to verify that you will NOT be providing your participant with an inhaler for respiratory problem listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your child in the event of a life-threatening situation. In the event of a life-threatening situation, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have inhalers on site available for use.

****Please allow up to 2 weeks to process for approval, if completed correctly and depending on the medication. Medication packets are due **May 14, 2021** for processing or at the time of registration. ****

11. Please give any information concerning the participant which will be helpful in his/her experience while in our supervision caring for your child (such as play, eating and sleeping habits, special fears, special likes or dislikes, triggers, calming methods): _____

12. Custody Agreement*: _____ YES / NO
**If there is a custodial issue that would restrict a parent/guardian from having access to the child, court documents will need to be provided to the Burlington Recreation & Parks Main Office before attending camp for review and will be kept at the camp site.*

Emergency Permission*

I give permission to the Burlington Recreation & Parks Department staff to authorize emergency treatment and transportation of the participant to the nearest hospital available.

Participant's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

**This is to be used by the staff only in the case of an emergency and every effort will be made to contact the Parent/Guardian.*

Field Trips/ Emergency Evacuation/ Transportation

I give permission to the Burlington Recreation & Parks Department staff to provide transportation for any field trips that my child will be involved in and for Emergency Evacuation. The City of Burlington and/or Alamance-Burlington School System buses or vans will provide transportation.

Parent/Guardian's Signature: _____ Date: _____

Photography Waiver

I permit the City of Burlington to use and publish photographs and/or videotapes of me and/or my children for purposes of promoting recreation activities to the community.

Parent/Guardian's Signature: _____ Date: _____

Consent and Liability Waiver

I wish for my child to participate in one or more activities offered through the City of Burlington Recreation & Parks Department. I understand that he/she must abide by the rules and regulations of the department. I am also aware that there are certain inherent risks or accidents associated with various activities. I agree to assume all risks involved in participation of such activities. I release the employees, volunteers and agents of the City of Burlington from any responsibility should an incident happen. Further, I shall hold harmless, defend and indemnify the City, its officers, agents, employees, and assigns from any and all claims, demands, disputes, actions, suits, charges and judgements arising out of the performance or nonperformance of this Agreement.

Parent/Guardian's Signature: _____ Date: _____

Emergency Evacuation Plan

In case of an emergency, your child will be evacuated to Fairchild Community Center (336.222.5119) on Graham-Hopedale Road. If Fairchild is evacuated they will be taken to Thataways Youth Center (336.222.5134).

How did you hear about Burlington Recreation & Parks Summer Camps? _____



CITY OF BURLINGTON – RECREATION & PARKS
WAIVER/RELEASE FOR COMMUNICABLE DISEASES ***INCLUDING COVID-19***
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in City of Burlington Recreation & Parks programs or use City property and/or facilities, which include but are not limited to summer camps, afterschool, athletic practices and competitions, facility and equipment rentals, aquatic activities, and any other City sanctioned activity or any event taking place on City property, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19 (coronavirus). While particular rules and personal discipline, choices and behavior may reduce this risk, the risk of serious illness and death does exist (the risk of serious illness and death hereinafter referred to as “all such risks”); and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the City of Burlington their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the activity or event (“RELEASEES”), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature (if over 18 years): _____

Name of guardian: _____

Guardian signature (if participant is under 18 years): _____

Date signed: _____