

# Participant Information (One form per participant – Copy as needed)

|  |            |  |        |
|--|------------|--|--------|
| Last Name  | First Name | Preferred Name   | Gender |
| Address  | City       | State  | Zip    |
| Date of Birth  | Age        | <small>(As of Aug 31, 2016 this age must match the requirements in the camp description)</small> |        |
| Participant T-Shirt Size (Circle Size) <b>YS YM YL YXL AS AM AL AXL</b> <small>(for applicable camps only)</small> |            |  |        |

**PARENT/GUARDIAN INFORMATION** \* required field (The adult(s) listed in this section should be those in which the participant resides)

|                            |             |           |
|----------------------------|-------------|-----------|
| *Mother/Guardian Last Name | *First Name | *Email    |
| *Address                   | *City       | *State    |
| *Home #                    | Work #      | *Mobile # |
| *Father/Guardian Last Name | *First Name | *Email    |
| *Address                   | *City       | *State    |
| *Home #                    | Work #      | *Mobile # |

**EMERGENCY CONTACT AND RELEASE AUTHORIZATION** \* required field

Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print all names.

|            |                       |
|------------|-----------------------|
| * 1) Name  | Relationship to child |
| * Address  | * City                |
| * Home #   | Work #                |
| * State    | * Zip                 |
| * Mobile # |                       |

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at camp.

|          |                       |
|----------|-----------------------|
| 2) Name  | Relationship to child |
| Address  | City                  |
| Home #   | Work #                |
| State    | Zip                   |
| Mobile # |                       |

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at camp.

|          |                       |
|----------|-----------------------|
| 3) Name  | Relationship to child |
| Address  | City                  |
| Home #   | Work #                |
| State    | Zip                   |
| Mobile # |                       |

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at camp.

|          |                       |
|----------|-----------------------|
| 4) Name  | Relationship to child |
| Address  | City                  |
| Home #   | Work #                |
| State    | Zip                   |
| Mobile # |                       |

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at camp.

**By signing below, I acknowledge that:**

- The City of Raleigh provides no insurance coverage for participants;
  - I have read, understand, and agree to the City of Raleigh Parks, Recreation and Cultural Resources Summer Camp Program Policies on pages 26-29;
  - I understand I am waiving my legal rights. (Please refer to camp policies.)
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize the City of Raleigh staff to seek appropriate medical care if a parent/guardian cannot be reached;
  - I have selected an appropriate program for the interests and abilities of the participant and that the information I have provided on the Participant Information Form is current and accurate.

**Signature is required to complete the registration process.** Note: Raleigh Parks, Recreation and Cultural Resources staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form.

|                      |           |      |
|----------------------|-----------|------|
| Parent/Guardian Name | Signature | Date |
|----------------------|-----------|------|

|                      |           |      |
|----------------------|-----------|------|
| Parent/Guardian Name | Signature | Date |
|----------------------|-----------|------|

# Participant Information (One form per camper – Copy as needed)

Participant's Name (please print)

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The City of Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program.** For more information please contact Inclusion Services at 919-996-2147.

The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

I want Parks, Recreation and Cultural Resources to know about these medical conditions for my child:

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I want Parks, Recreation and Cultural Resources to know about these disabilities for my child:

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yes  no  **Do you request an ADA accommodation?**

If yes, someone from inclusion Services will follow-up with you regarding your request, or you may contact Inclusion Services directly at 919-996-2147

yes  no  **Does the participant have allergies?**

yes  no  **Are you providing an EpiPen for use at the site?**

- Please check here to verify that you will not be providing your participant with an EpiPen for the allergy listed above, that you understand the risks of not doing so, and that you release the City of Raleigh 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. We **do not** have EpiPens on site available for use.

yes  no  **Do any medications need to be taken during program hours?**

yes  no  **I authorize Parks, Recreation and Cultural Resources to use photos of participant for publicity**

# Camp Registration (One form per participant – copy as needed)

Participant's Name \_\_\_\_\_

\*Please be aware all camps are not offered every week.

Please make a copy for your records

Indicate a 1st and 2nd choice for each session. Fill in fees for your 1st choice.

If your first choice is full, the second choice will be applied.

| Weeks of Camp  | 1st Choice  |      |          | 2nd Choice |      |          | Fee |
|--|---|------|----------|------------|------|----------|-----|
|  | Bar Code  | Camp | Location | Bar Code   | Camp | Location |     |
| Jun 6-10   |   |      |          |            |      |          |     |
| Jun 13-17  |   |      |          |            |      |          |     |
| Jun 20-24  |   |      |          |            |      |          |     |
| Jun 27-Jul 1   |   |      |          |            |      |          |     |
| Jul 5-8  | Pro-Rated Cost – No camp on July 4, prorated fees apply |      |          |            |      |          |     |
| Jul 11-15  |   |      |          |            |      |          |     |
| Jul 18-22  |   |      |          |            |      |          |     |
| Jul 25-29  |   |      |          |            |      |          |     |
| Aug 1-5  |   |      |          |            |      |          |     |
| Aug 8-12   |   |      |          |            |      |          |     |
| Aug 15-19  | (No Summer X-Press or Teen Extreme Camps)               |      |          |            |      |          |     |
| <b>Subtotal</b>  |   |      |          |            |      |          |     |
| <small>Add Non-Resident Fee: \$15 per session – # of sessions x \$15 (Not applicable for Specialized Recreation Services programs)</small> |   |      |          |            |      |          |     |
| <b>Total Amount Due</b>  |   |      |          |            |      |          |     |

**Refund Policy**

- All refund requests must be received in writing at least 14 days in advance of the start date of a program. Requests may be emailed to **Camp.registration@Raleighnc.gov**, faxed to **919-996-1741** or mailed to the **Recreation Business Office, 105 Pullen Road Raleigh, NC 27607**.
- 100% refund/credit/transfer if Department cancels program.
- 100% credit or transfer of fees to another program at time of withdrawal OR 85% refund based on total cost of program.
- Refund/credit/transfer request received less than 14 days prior to start date of a program will not be granted.
- Refunds for medical reasons requested prior to start date of program will be granted at 100%, subject to verification.
- A credit may be used by any family member on the same registration account.
- **Non-attendance/Non-participation in a program or activity does not entitle a patron to a refund.**

# 2016 Summer Camp Payment Options

## Walk-In Registrations

Main Contact Name

Participant Name

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### OPTION A – FULL PAYMENT WITH REGISTRATION

**Full payment is due for all registrations received after May 15, 2016. If full payment is not provided with your registration, your forms will not be processed and we will attempt to contact you to obtain payment. Please do not enclose cash.**

Check or Money Order attached (payable to City of Raleigh)       American Express / MasterCard / Visa

If you wish to make your full payment with credit card please provide a telephone number is which the cardholder can be reached to remit payment. Full payment is required at the time of registration. Once you have been contacted you will be required to remit payment within 24 hours or your registration will not be processed.

Card Holder

Telephone Number

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### OPTION B – INITIAL PAYMENT AND MONTHLY PAYMENT SCHEDULE

Registrations received on or before May 15, 2016 can complete the section below for a monthly payment plan and **must include your 20% deposit with the registration.** Payment plans are calculated based on the date the registration is received. **Final camp payment is due by June 1, 2016**

- All registrations received after May 15, 2016, must be paid in full.
- **Automatic payments will no longer be processed on your behalf.**
- It is your responsibility to make your payments monthly online at [reclink.raleighnc.gov](http://reclink.raleighnc.gov), at any community center or by mailing a check or money order to: Recreation Business Office 105 Pullen Road, Raleigh, NC 27607.
- **If you are delinquent with your payments Raleigh Parks, Recreation and Cultural Resources reserves the right to revoke your payment plan privileges and withdraw your child(ren) from camp.**

**My first payment is by:**    Check or money order (payable to City of Raleigh)    American Express    MasterCard    Visa

If you wish to make your deposit with credit card please provide a telephone number is which the cardholder can be reached to remit payment. A 20% deposit is required at the time of registration. Once you have been contacted you will be required to remit payment within 24 hours or your registration will not be processed.

Card Holder

Telephone Number

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**By signing below you agree to adhere to the payment plan that you have requested and understand that you are responsible for payment each month.**

Signature

Date

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### FINANCIAL ASSISTANCE

Parks, Recreation and Cultural Resources recognizes that some participants may need financial assistance and/or a payment schedule to have the opportunity to participate in our programs. Financial assistance is available only for Traditional and Specialized Recreation camps. Because funds are limited, requests need to be made by June 1, 2016, or as long as funds are available. For more information about eligibility requirements and additional forms that need to be completed with registration please call 919-996-4839.

# Permission Form for Assisted Administration of Medication

Only medications that are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program. No program participant should be in possession of non-prescription or prescription medication of ANY kind without the knowledge of the program staff. Any participant who must receive medication during the program must have on file the appropriate signed medication form PRIOR to attending the program.

- A. **Assisted Administration of Medication:** Parks, Recreation, and Cultural Resources staff maintain, provide and monitor consumption of both prescription and non-prescription medication.
- B. **Self-Administration of Medication** (for use in Teen, Adventure and SRIS Adult Programs ONLY): Participant may maintain and consume non-prescription medication, inhalers and/or EpiPen as needed with review from staff. The Self-Administration of Medication form may be received by contacting the specific camp.

## **Parks, Recreation, and Cultural Resources (PRCR) only administer medication to participants if:**

1. The City of Raleigh permission form for assisted administration of medication is completed and in the possession of the PRCR staff.
2. A PRCR employee will not give medications unless it is in an original container with appropriate medicine contained within, with a visible label including the name of medication, the date of expiration, clear dosage amount and directions with the participant's name CLEARLY INDICATED on the bottle/box.

## **The Parent/Guardian is responsible for the following with ALL medication:**

1. Complete and sign the portion of the form below and return to the program staff.
2. Provide medication in an original container with visible label including the name of medication, the date of expiration, clear dosage amount and administration directions with the participant's name CLEARLY INDICATED. Note: Inhalers outside the original package must be accompanied by a copy of the original package label noting the above information.
3. Provide new, labeled containers if/when medication changes are made.
4. Parents/guardians must transport medication to program site and give directly to program staff.
5. Parent/guardian must pick up medication at the end of each week/program from program staff. Medications not picked up at the end of 14 business days following the last day of participation in the program will be disposed of by program staff.
6. PRCR program employees will dispose of empty containers (unless otherwise instructed).
7. For prescription medications: The pharmacy label will serve as the physician's authorization for the medication to be administered. Have the pharmacist label two containers: one for home use and one for use in the program, if the participant is to receive medication at both sites.
8. If the medication is an EpiPen or inhaler, it is recommended (not required) that the pharmacist label two containers to keep at the program site. The parent/guardian should check to ensure the medication does not exceed the printed expiration date. Program staff will not accept expired medication.
9. For non-prescription medications: The medication must be administered according to the dosage and administration instructions on the original container.  
\*\*A physician's signature will be required as authorization IF medication is requested to be given in an alternate dosage, etc.
10. Parents/guardians should notify program staff in writing as soon as possible if there are any changes to instructions for the administration of medication once these forms has been submitted. A new form may be required.

# Permission Form for Assisted Administration of Medication

**Prior** to the start of camp, please submit the completed permission form by email or by mail to:

|  |   |
|--|---|
| <b>camp.registration@raleighnc.gov</b> | <b>Recreation Business Office</b> 105 Pullen Road Raleigh, NC 27607 |
|--|---|

For additional information contact 919-996-4800

Participants's Name \_\_\_\_\_

If participant has any allergy that could result in anaphylaxis (example: tree nut or bee allergy), please note that we strongly encourage providing your participant with an Epi-Pen to keep at the program site.

- Please check here to verify that you will not be providing your participant with an Epi-Pen for the allergy listed, that you understand the risks of not doing so, and that you release the City of Raleigh 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. We do not have EpiPens on site available for use.

## PERMISSION FORM FOR ASSISTED ADMINISTRATION OF MEDICATION

By completing the information below, the Parks, Recreation and Cultural Resources staff is authorized to administer any medication(s) that are provided as indicated above.

1) Name of medication: \_\_\_\_\_ Prescription  Non-prescription

Dosage: \_\_\_\_\_

Times: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Side effects: \_\_\_\_\_

2) Name of medication: \_\_\_\_\_ Prescription  Non-prescription

Dosage: \_\_\_\_\_

Times: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Side effects: \_\_\_\_\_

### Parent/Guardian Signature

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*ONLY under special circumstances for Non-Prescription medications (see #9 on previous page).**

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_