

Delaware State Parks 2010 Camp Registration Form

Please complete pages 1-2 for each family unit, and pages 3-4 for each camper.

Family Information

Parent/Guardian 1	Parent/Guardian 2	Address
Last Name:	Last Name:	Street:
First Name:	First Name:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	City:
Cell/Pager:	Cell/Pager:	State:
Email Address:	Email Address:	Zip Code:

Emergency Contact Information

The Emergency Contacts will be used if the Parent/Guardians listed above cannot be reached.

Primary Emergency Contact		Secondary Emergency Contact	
Full Name:		Full Name:	
Relationship:	Work Phone:	Relationship:	Work Phone:
Home Phone:	Cell Phone/Pager:	Home Phone:	Cell Phone/Pager:

Release Statements

By initialing below, you acknowledge that you have read and agreed to each item

<p><u>Authorization of Treatment:</u> I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child(ren). In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment for my child(ren).</p>	<hr style="width: 80%; margin: 0 auto;"/> Initials
<p><u>Release Statement:</u> I acknowledge that there are natural hazards associated with camping and related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Delaware State Parks accepting my child(ren) and to the extent permitted and provided by State Law, I hereby release and forever discharge the State of Delaware, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child(ren) is/are at camp.</p>	<hr style="width: 80%; margin: 0 auto;"/> Initials
<p><u>Medication Waiver:</u> If necessary, Delaware State Parks Camp staff will store your child's medication in a safe location. Medicine must be in its original container, with specific dosage instructions and clearly labeled with the camper's name. Prescription drugs must be accompanied by the physician's instructions and telephone number. Delaware State Parks Camp staff is not responsible for reminding your child when to take the medication, nor will they administer it to your child. It is the parent/guardian's responsibility to inform your child(ren) of the proper dosage and release the State of Delaware, Delaware State Parks, its officers, agents and employees, from and against any and all claims resulting from your child bringing medicine to Camp.</p>	<hr style="width: 80%; margin: 0 auto;"/> Initials

<p><u>Photo Release:</u> Delaware State Parks may use photos taken during summer camp in publications or video programs. Please initial the box below if you DO NOT want your child's picture to be used in this way.</p> <p style="text-align: right;">_____ OPT OUT</p>
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Release of Minors

All campers are released at the end of camp to their parent/guardian or one of the individuals listed on their form. NO EXCEPTIONS! The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

REMINDER: Photo Identification must be provided at time of pick up. In addition to names already listed on this application, my child may be released to the following individual(s).

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Summer Camp Disciplinary Policy

Summer camp is meant to be a fun educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the summer camps. If it becomes necessary to take disciplinary action against a child, the steps followed are outlined below.

- ◆ 1st incident: The camper will receive a verbal warning and an explanation as to why their behavior is inappropriate (whenever possible away from other campers).
- ◆ 2nd incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a time out or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick the child up.
- ◆ 3rd incident: The child will be excused from camp without a tuition refund.

The Summer Camp Staff of Delaware State Parks reserve the right to bar any child from summer camps following a first incident in cases of serious behavior problems.

Camper Code of Conduct

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct:

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.) I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.

I agree to help my child(ren) abide by this code of conduct.

Parent Signature: _____ Date: _____

Camper Information

Please complete page 3-4 for each camper.

Last Name:	Grade Completed:
First Name:	School:
Birthday: _____ Age as of June 7 th : _____ Gender: M F	T-shirt Size (circle one): Child: S M L Adult: S M L XL

Medical Information

Health Insurance:	Doctor's Name:	Doctor's Phone:
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Does your child have any allergies? Y N

If yes, please specify _____

Does your child have any medical conditions we should be aware of? Y N

If yes, please specify _____

Does your child have any dietary restrictions (other than allergies)? Y N

If yes, please specify _____

Will you child need to take medication while at camp? Y N

If yes, please specify _____

Is there any other information about your child that staff could benefit from knowing to better serve your child? _____

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<p><u>Water Activities:</u> I understand that the camps at Delaware State Parks include activities in or near water. Some camps with children aged 6 and above may include boating. I give my permission for my child(ren) to participate in all water activities included in camps. For camps that include boating (as noted in camp description) campers must be able to swim.</p>	_____ Initials
<p><u>Travel:</u> I give my permission for my child(ren) to travel in the park van or buses throughout the park and to field trip destinations which correlate to the camp itineraries. I understand that I will be informed of the field trips scheduled for the week of camp week on or before the first day of camp.</p>	_____ Initials

2010 Camp Registration

Write the name of the camp that your child will attend for each applicable week, and place an "X" in the box below before or after care if you require this service.

**Please Note: Not all parks offer Before and After Care.*

Date	Camp Name	Cost of Camp:	Before Care	After Care	Total Cost:
June 7 – 11					
June 14 – 18					
June 21 – 25					
June 28 – July 2					
July 5 – 9					
July 12 – 16					
July 19 – 23					
July 26 – 30					
August 2 – 6					
August 9 – 13					
August 16 – 20					

2010 TOTAL COST: _____

Cancellation Policy

If written cancellation is received 30 days before the start of camp, we will issue a full refund. Cancellations or rescheduling will be subject to a \$30 administrative fee.

Late Pick Up Policy

Please be respectful to our staff and pick your child up on time each day. If your child is not picked up 10 minutes after the end of camp or After Care, you will be charged \$10.00 for each 5 minutes that you are late. A clock will be provided at sign in/out for your convenience, and camp staff has been instructed to refer to this clock to document late pick up times.