

# CSI CAMP - Registration Form

If you registered and paid online, you are still required to fill out this form for submission with your packet.

Camper Name \_\_\_\_\_

Grade \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian names(s) \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

**Email** \_\_\_\_\_

*Email is the primary way in which we will communicate with you. You must provide us with a valid email address.*

\$100 per session

check below	Session	Course #	Dates	
<input type="checkbox"/>	1 Middle School Camp	6586	July 22 - 24	Grades 6-8
<input type="checkbox"/>	2 High School Camp	6587	July 29 - 31	Grades 9-12

Total: \$ \_\_\_\_\_

Make checks payable to Montgomery County Parks and Recreation, 755 Roanoke Street, Suite 1E. We also accept Visa MasterCard, Discover, American Express, and cash. Please stop by or call our office at (540) 382-6975 Option 1 if you would like to pay with a credit or debit card.

**NOTES:**

- Note - Students registering for Session 1: The Middle School Camp must be entering sixth, seventh, or eight grades only. Students registering for Session 2: The High School Camp must be entering ninth, tenth, eleventh, or twelfth grades only.
- Before your registration can be considered **COMPLETE**, ALL FORMS from the Registration Form Packet must be complete and turned in to the Montgomery County Parks & Recreation Office.

**WAIVER:** In order to participate in said program, as parent or guardian for said participant, I assume the risk of any and all injuries to the participant by the participant. I hereby agree to indemnify and hold harmless the Montgomery County Parks and Recreation Department and Radford University, its successors, assigns, and the Montgomery County Board of Supervisors from any and all claims for any and all injuries suffered or caused by said participant due to participation in said activity. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program, and that is the responsibility of the parent or guardian to make sure the criteria is met. I grant my permission to transport said participant to and from said event when required, and physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured said participant when necessary. I hereby give permission for Montgomery County staff to provide basic First Aid and seek emergency medical transportation if need. I authorize emergency personnel to treat me or my child in case of emergency. In the instance of non-traumatic injury or medical emergency, the participant will be taken to the closest hospital. The parent(s)/guardian authorizes Montgomery County Parks and Recreation and Frog Hoppers Summer Camp staff to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately.

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

# Agreements

- \_\_\_\_\_ Summer Camp agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian will arrange to have the child picked up as soon as possible if it is requested by camp staff.
- \_\_\_\_\_ The parent/guardian authorizes the staff at Summer Camp to obtain immediate medical care if any emergency occurs when the parent cannot be located immediately.
- \_\_\_\_\_ In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission for my child to be photographed and give the department permission to distribute such photographs and identification.

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

MCPR Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

# Field Trip Form

Some sessions of the Summer Camp program may take a **walking field trip** to a nearby offsite location. This form gives permission to Montgomery County Parks and Recreation to take your child on a planned field trip if prior notice is given.

I give permission for \_\_\_\_\_ to walk with Montgomery County Parks and Recreation and the Summer Camp to an offsite location for field trips during the summer.

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

# Health/Medical Information

Camper Name \_\_\_\_\_

Summer Camp Staff has my permission to administer the following medication(s):

Drug name and/or prescription number: \_\_\_\_\_

\_\_\_\_\_

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

Time(s) to be given: \_\_\_\_\_

Special instructions: \_\_\_\_\_

- I understand that this medication will be returned to the parent at the end of each session and/or if it is no longer required
- I understand that all medication must be labeled with the child's name, the name of the medication, the dosage amount, and the time(s) to be given. **Prescription medication shall be in the original container with the prescription label attached. Only enough medication for the week shall be provided.**

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

Camp Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Does the participant have an illness, medical condition, or physical/developmental disability?

YES       NO

If YES, please explain the condition and to what extent it will impact your child's participation or physical abilities: \_\_\_\_\_

\_\_\_\_\_

Does the participant use an Epipen?

YES       NO

Does the participant use an inhaler?

YES       NO

Does the participant have any food allergies?

YES       NO

If YES, please explain: \_\_\_\_\_

Does the participant have Diabetes or a related disease?

YES       NO

Does the participant use insulin?

YES       NO

Does the participant have a history of heart-related problems or other serious conditions?

YES       NO

If YES, please explain: \_\_\_\_\_

Are all vaccinations current? **Immunization record MUST be attached**

YES       NO

If NO, please explain: \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Is English the participant's primary language?

YES       NO

Primary care doctor or practice: \_\_\_\_\_

Doctor's phone: \_\_\_\_\_

# Camper Release Form

I give permission for my child, \_\_\_\_\_ ,  
to leave Summer Camp with the person(s) listed below (include yourself on the list).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Must be able to show valid identification for child pick-up.**

You may NOT release my child to any person listed below. Please advise if this person or person attempt to pick up my child.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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

# Behavior Agreement Form

**Parents & Campers:** Please take a moment to review the following. **Signify that you and your camper understand and agree to each statement by checking the boxes.**

**Counselors will review these rules with camp at the beginning of each camp week.**

- I will arrive and remain at camp with a positive attitude.
- I will work with my counselors and fellow campers towards creating an environment that is safe and welcoming for each of us.
- I understand that doing intentional harm either physically or emotionally, is grounds for dismissal from camp.
- I will remain with my counselor and partake in the activities of my session as required.
- I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.
- I will be respectful of the property and personal space of other campers and camp staff.
- I will not possess smoking materials, lighters, matches, illegal drugs, alcohol, or weapons of any kind on county property.

**Montgomery County Parks and Recreation operate on a three-strike policy.**

1. The first infraction of behavior management will result in a verbal warning between staff and campers.
2. The second infraction will result in loss of activity participation privilege and a notification of the parents(s).
3. A third infraction will result in a conference between the camper(s), parent(s), Camp Supervisor and Parks and Recreation Director (if needed). This third infraction can result in removal from the camp program.

**Refunds are not given for any camper who is sent home/removed from the program for disciplinary reasons.**

By signing below, I am stating that I have read and agree to abide by all policies contained within the behavior agreement. Furthermore, I certify that I have discussed all the policies and their meanings and consequences.

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

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_