



DeKalb County Parks and Recreation Department
CAMP SUPERSTARS 2012

Application/Registration Form

Completion of this form does not guarantee a place in the program. This form must be accompanied by a money order or cashier's check only at the time of application/registration. The Summer Day Camp program is designed for DeKalb County youth ages 5-15. Five year olds are permissible with birth certificate verifying that they will turn five by June 8, 2012.

How did you find out about the camp? Word of Mouth ___ Flyer ___ Internet ___ Newspaper ___ Other ___

(Recreation Center) DAY CAMP SITE: _____

Time your child will arrive: _____ Time your child will be picked up: _____

Child's Name: _____ Age: _____ Birthdate: _____ Sex: M ___ F ___

Home Address _____ Apt#: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

E-mail _____

Mother/Guardian's Name _____ Business Phone:(____) _____ Cell: _____

Father/Guardian's Name: _____ Business Phone:(____) _____ Cell: _____

SESSIONS

The Day Camp operates for 8 weeks. Check all weeks that you wish to register your child:

- | | |
|--|---|
| <input type="checkbox"/> Session 1: June 4 – 8 | <input type="checkbox"/> Session 5: July 2 - 6 (No camp on July 4 th) |
| <input type="checkbox"/> Session 2: June 11 – 15 | <input type="checkbox"/> Session 6: July 9 - 13 |
| <input type="checkbox"/> Session 3: June 18 - 22 | <input type="checkbox"/> Session 7: July 16 - 20 |
| <input type="checkbox"/> Session 4: June 25 - 29 | <input type="checkbox"/> Session 8: July 23 - 27 |
| <input type="checkbox"/> July 30 – August 3 | |

T-shirt size circle one: Youth Med. ___ Youth Lg. ___ Adult Small ___ Adult Med. ___ Adult Lg. ___ Adult X Lg. ___

Emergency Contact (other than parent):

Name: _____

Phone: (____) _____ Relationship: _____

Child's Physician: _____ Phone: (____) _____

Name and phone number of person other than parents authorized to pick up child.

Name: _____ Home Phone: _____

Place of employment: _____ Phone: _____ Cell: _____

Name of specific person/s not authorized to pick child up.

List any special needs that we should be aware of: _____

Please list any prescribed or non-prescribed medications that must be administered while at camp.
(A signed, detailed medical authorization form must be on file at camp site). _____

GENERAL INFORMATION

I understand that DeKalb County does not provide insurance to cover any child who may sustain any injury while participating in this program.

If my child _____ should become ill or injured during this activity, I understand that the recreation staff will: 1) Contact me immediately, or 2) Contact the person I have designated if I cannot be reached. Should I or the person designated be unable to be reached, Parks and Recreation is authorized to contact my child's physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child. Our goal is to maintain a 1 to 15 counselor to camper ratio.

BEHAVIOR

Summer youth programs cannot accommodate children who exhibit aggressive or disrespectful behavior. Children who are unruly or who present a disciplinary problem may be dismissed from the program to ensure the safety of all. I understand that if my child's behavior presents a problem, he/she may be removed from the program. Parents are NOT allowed to physically strike or discipline children on camp sites, if this action occurs police will be called IMMEDIATELY.

I understand that the children enrolled in this program may go on field trips, swimming, to amusement parks, roller skating, etc. This is to state that the child whose name appears above has my permission to participate in all the site's activities except:

Mission Statement/Non Discrimination policy/ADA/Liability Waiver

Mission Statement – We create and connect communities through people, parks and programs.

Notice to participants - We pledge to provide a high quality parks and recreation system that offers opportunity for play, learning, teamwork and personal growth. DeKalb County Parks and Recreation Department programs and facilities are offered to all persons without regard to race, color, sex, national origin, age, creed or ability. All athletic and recreational activities involve some risk of accident or injury. DeKalb County does not provide insurance nor does it assume responsibility for such accidents or injuries. Your participation in this program and the use of its equipment is at your own risk. Photos and videos will be taken of our participants for departmental marketing and advertisement purposes only.

Your signature below indicates that you have read and agree with and will abide by these terms.

SIGNATURE OF PARENT/OR GUARDIAN: _____ **DATE:** _____