



**Summer “Kid Kamp” Registration Instructions – PLEASE READ!**

- **Completely fill out all of the requested information on the [Kid Kamp Application Form](#)**
  - i) Fill out everything and if you think we would need to know something, put it down
- **Read, understand, and sign the entire [Parent Contract-Policies/Procedures Form](#)**
  - ii) Do **NOT** register if you think there is any chance at all that you would not be able to make all of the required program payments. Our goal is to be fair to all participants.
- **Complete the [Emergency Treatment Release Form](#)-ask any questions you may have**
- **Complete the [Sunscreen Permission Slip Form](#)**
- **Review and keep the Kid Kamp [Policies and Procedures Form](#)**
- **Review and keep the Kid Kamp Participant [Discipline Policy Form](#)**
- **Review and keep the Kid Kamp Program Flyer**
  - iii) It has many important pieces of information
- **Submit a copy of each child’s [Birth Certificate](#) at the time of registration**
- **OPTIONAL: Text *follow Kid\_Kamp* (the actual words) to 40404**
  - iv) Receive announcements, field trip information, etc.
  - v) Normal cell phone texting rates apply

If anyone has any questions, please let us know ASAP!

**Greenfield Parks and Recreation Department – Summer “Kid Kamp” Program**

[www.twitter.com/Kid\\_Kamp](http://www.twitter.com/Kid_Kamp) - [kidkamp@greenfieldin.org](mailto:kidkamp@greenfieldin.org)

**Park Office: 280 North Apple Street-Patricia Elmore Center**

**Greenfield, IN 46140**

**PH: (317) 477-4340 - FAX: (317) 477-4341**

[www.greenfieldin.org](http://www.greenfieldin.org)   [parks\\_rec@greenfieldin.org](mailto:parks_rec@greenfieldin.org)



# KID KAMP

## Application

(Please Print)

### PARTICIPANT INFORMATION

**REQUIRED: EMAIL ADDRESS**

Name \_\_\_\_\_  
Last First Middle

Sex \_\_\_ M \_\_\_ F Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade for upcoming school year \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

T-shirt size: *(please circle)* Youth: M (10-12) L (14-16) Adult: S M L XL

### PARENT(S)/GUARDIAN INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Work Hours \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Work Hours \_\_\_\_\_

### EMERGENCY CONTACTS

Name two individuals who may be contacted in an emergency if a parent/guardian cannot be reached.

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____





PICK-UP AUTHORIZATION

Do both parents, whether listed above or not, have permission to pick up said child? Yes No

If no, please specify:

Please list the name of anyone else authorized to pick up your child for you.

Table with 3 columns: Name, Phone #, Relationship

MEDICAL INFORMATION

Family Physician Phone #

Family Dentist Phone #

Health: If participant suffers from any of the following, please check and describe specifics.

- 1. Animal Allergies: 2. Food Allergies: 3. Plant Allergies: 4. Insect Stings: 5. Ear Infections: 6. Hay Fever: 7. Asthma: 8. Hepatitis: 9. Seizures: 10. Other:

Medication: Please list any currently being taken by said child:

If medication is necessary, we encourage it to be given before or after KID KAMP. Although, we understand the need may arise for them to receive it during KID KAMP hours. All medication must be self-administered by the child themselves, unless for emergency treatment, it must be brought in its original container along with clearly written directions for use. In addition, parental permission MUST be given below.

I hereby acknowledge and understand Greenfield Parks and Recreation KID KAMP staff are not responsible for dispensing known medication as prescribed to

(child's name).

X Signature of Parent/Guardian

Please describe any known physical, mental or social difficulties your child may have or other special information which may affect participation and/or for which special consideration should be given.





**WAIVER STATEMENT**

By enrolling my child in KID KAMP, I hereby forever release and discharge Greenfield Park Board and City and its agents or employees from any and all liability, claims, demands, or causes of action whatsoever arising out of or related to any loss, damage, or injury that might be sustained by my child while engaged in KID KAMP and its activities. In signing this consent document, the participant (parent/guardian) specifically acknowledges that there are certain risks inherent to participation in KID KAMP and in the use of park facilities and said participant (parent/guardian) specifically assumes said risk.

I have read the above consent paragraph and understand the contents therein.

X \_\_\_\_\_  
Signature of Parent/Guardian

**POLICY ACKNOWLEDGEMENT**

I have received, read and understand all policies of the Greenfield Parks and Recreation Department's KID KAMP program and acknowledge that I am responsible for adhering to them.

X \_\_\_\_\_  
Signature of Parent/Guardian

**EXTRA INFORMATION** *(This is for our guidance, there are NO guarantees!!!)*

If your child would like to be in the same group as another child, please specify: \_\_\_\_\_

If there is another child whom your child would not work well with if in the same group, please specify:

\_\_\_\_\_

\*\*\*\*\*

*(For office use only)*

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

