

2016 ANTIETAM VALLEY PLAYGROUND PROGRAM - REGISTRATION

CAMPER INFORMATION

Name:		
Date of birth:	Phone:	
Address		
City:	State:	ZIP Code:

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1) Name:		
Relationship to Camper:	Employer:	
Preferred Phone:	Other Phone:	Email:
Parent/Guardian (2) Name:		
Relationship to Camper:	Employer:	
Preferred Phone:	Other Phone:	Email:

OTHER EMERGENCY CONTACT

Name:		
Address:		
Preferred Phone:	Other Phone:	Email:
Relationship:		

Medical Information

Please check any medical conditions which apply, and elaborate if necessary:

<input type="checkbox"/> Hospitalizations	<input type="checkbox"/> Operations	<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma or chronic respiratory disease	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Heart Disease/Murmur	<input type="checkbox"/> Other

Comments:

Allergy Information: Please list all food or environmental allergies that pertain to your child:

Does your child carry an Epi-Pen? Yes No

Please list any and all medications taken regularly by your child:

CONSENT GIVEN: If my child needs emergency medical care and no parent/guardian or emergency contact can be reached, I give my consent for the transportation of my child by ambulance and for the administration of any treatment deemed necessary by a medical professional. Yes No

SIGNATURES

I authorize that the information presented here is up-to-date and accurate. I will notify the playground staff if I need to make changes to this information (including phone number) at any time during the camp.

Name of parent/guardian:	
Signature of parent/guardian:	Date:

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Official Behavior Contract

To the Participant: The purpose of this contract is to insure you understand the rules regulations and expectations associated with the 2014 Antietam Valley Summer Playground Program. By signing this contract you affirm your understanding of the rules and regulations and indicate your willingness to follow each one.

Area of Highest Expectations:

- RESPECT- I will show respect to fellow program participants, supervisors, and leaders at all times. This means that I will be courteous, considerate, and cooperative in all my dealings with others.
- FOLLOWING THE RULES – I will obey all rules of the playground program at all times, and will follow the instructions of the playground leaders to the very best of my ability.
- COMMUNICATION – I will always sign in when I arrive to participate in the playground program, and will always sign out when I leave the playground.

Behaviors Which Will Get You **Dismissed from the Playground Program**:

- Fighting
- Use of Foul Language
- Possession or use of drugs or alcohol
- Possession of any weapons, pepper/ mace sprays, etc.
- Disrespect to any supervisor, leader or participant
- Unwillingness to cooperate or follow instructions
- Harassment or bullying
- Causing intentional damage to playground or recreation center property.
 - **Note:** you will be held financially responsible for any damage that is done.
- Stealing of property

Things You Need to Report to Playground Leaders:

- Any harassment that you experience
- Any health problems that you experience
- Anything that troubles you about the program

The Antietam Valley Summer Playground Program is a drop-in program, and playground staff are not responsible for the coming and going of children to and from the park

By signing this document I affirm that I have read and understand the expectations of the program and that I will be dismissed from the program if my behavior does not meet the above standard.

Name of Student

Student Signature and Date

My signature verifies my approval of this contract.

Name of Parent or Guardian

Parent/Guardian Signature and Date

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Waiver of Liability

I (we) hereby attest that the information provided in the Summer Playground Registration Form is complete and accurate to the best of my (our) knowledge.

I (we) furthermore hereby waive any claim for bodily injury, property damage or other liability against the Antietam Valley Playground Program, the Borough of Mount Penn, Lower Alsace Township, the Antietam Valley Community Partnership, the Antietam Valley Recreation and Community Center, and their respective agents, servants, and/or employees while my (our) child is a participant in the Summer Playground Program's activities.

I (we) furthermore hereby indicate our understanding that this is a drop-in program and that playground staff will not be responsible for the comings and goings of children to and from the playground.

Photo Release

I, (we) hereby attest that we freely give the partners of the Antietam Valley Summer Playground Program including the Borough of Mount Penn, Lower Alsace Township, Antietam Valley Community Partnership, and the Antietam Valley Recreation and Community Center permission to use my child's photograph in their promotional materials and publicity efforts. I understand that the photographs may be used in publications, print ads, direct-mail pieces, electronic media (e.g. video, CD-ROM, internet/WWW), or other forms of promotions. I release the program partners from liability in connection with such use.

Child's Name (please print) _____

Child's Signature _____ Date _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____