



Summer Day Camp Registration Form

In Office Use Only
<input type="checkbox"/> Administration Fee Paid
<input type="checkbox"/> Payment Schedule Explained

LOCATION

Cub Run John Wayland Lacey Spring McGaheysville Mountain View

<p>RATES: *NEW* NO ADMIN FEE</p> <p><input type="checkbox"/> Weekly - \$85 per week, Sibling - \$80 per week</p> <p>Payment Deadlines: June 29– July 6– 24 July 20- July 27-August 14</p> <p>*Weeks may fill up before payment deadlines*</p>	<p>*Please note the ONLY way to secure your child's spot each week is to pay for the weeks attending. It is the parent's responsibility to meet the payment deadlines and enroll their child each week.</p>
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Child's Name _____ Date of Birth _____ Grade Entering _____

Address _____

First Parent/Guardian _____

Address (if different from child) _____

Primary Phone _____ Secondary Phone _____ Email _____

Employer _____ Work Phone _____

Second Parent/Guardian _____

Address (if different from child) _____

Primary Phone _____ Secondary Phone _____ Email _____

Employer _____ Work Phone _____

Health Information

Physician's Name _____ Phone _____

Allergies/Medical Conditions _____

Daily Medications _____

Emergency Contact Information 1

Name _____

Relationship to child _____

Primary Phone _____

Secondary Phone _____

Emergency Contact Information 2

Name _____

Relationship to child _____

Primary Phone _____

Secondary Phone _____

Person(s) authorized to pick up

Person(s) NOT authorized to pick up (If parent please include custody paperwork)

Emergency Alert for Allergic Reaction

Fill out ONLY if child has allergies!

My child is at risk for a life-threatening allergic reaction

- Yes
- No

My child's allergy was identified through allergy testing:

- Yes
- No

My child had the following symptoms during the reaction:

- Red, watery eyes
- Shortness of breath
- Coughing
- Swelling
- Hives
- Dizziness
- Nausea/Vomiting
- Runny nose
- Tightening of throat

Other _____

My Child has an allergic reaction to:

- Bees
- Latex
- Food (Please specify) _____
- Other _____

Please check circumstances which reaction could occur:

- Skin contact
- Ingestion (eating allergen)
- Inhalation (breathing allergen)

My child had his/her last reaction on the following

date: _____

If an allergic reaction would occur at summer day camp, personnel will administer first aid (remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a

- Administer medication – Name and dosage: _____
- Call 911 Immediately
- Call Physician

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction** If medication is necessary, please complete the Medication Authorization Form.**

AGREEMENTS

Medical

The parent /guardian authorize the Summer Day Camp Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent (s) guardian agree to inform the program within 24 hours or the next business day after his child or any member of the immediate family has developed a reportable disease, as defined by the State Board of a Health, except for life a threatening disease which must be reported immediately.

Release of Liability

I consent to my child's participation in the Summer Day Camp Program sponsored by the Rockingham Parks & Recreation Department. I waive all rights to release all claims that might be held against the County of Rockingham and agents for any and all Injuries or losses which may be suffered because of my child's participation in the Summer Day Camp Program.

Photography Release

I give permission to have my child's picture taken and understand it could be used in Rockingham County Publications, to include the Recreation website, social media, activities guides, etc.. The child's name will not be used. YES NO

Financial Commitment

I understand I am responsible for all charges associated with this enrollment, including any late fees. I also acknowledge that I have received a current copy of the Summer Day Camp Parent Handbook and understand all policies and procedures outlined.

Parent/Guardian Signature _____ **Date** _____

Any additional comments that we should be aware of that will provide valuable information for the Summer Day Camp staff:

COVID-19 Assumption of Risk and Waiver of Liability Release Form

Rockingham County Parks and Recreation Summer Day Camp

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have placed limits on group gatherings.

Rockingham County Parks and Recreation (RCPR) continues to monitor all suggestions released by the state of Virginia, Department of Health and the CDC. We will be taking all steps to limit the possibility of exposure and/or spread of COVID-19, however cannot guarantee that you or your child(ren) will not become infected. Further, attending Summer Day Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

Our Summer Day Camp will not open until the state of Virginia has moved into Phase 2 under the Forward Virginia Guidelines. We will begin operation on July 6 or the appropriate date thereafter under Phase 1 guidelines.

We will be taking these guidelines very seriously and ask for your help to keep our program a safe environment for not only all children and staff, but also the school personnel as well. We ask that in the event of known exposure and/or any sign of symptoms, you notify RCPR immediately and refrain from sending your child(ren) to Summer Day Camp until cleared by a doctor.

By signing this waiver, you understand the possibility exists of exposure to COVID-19 at Summer Day Camp. RCPR is taking all proactive measures to reduce the chance of spread of the virus, however we cannot fully eliminate the possibility of exposure.

Furthermore, on your behalf, and on behalf of your child(ren), you release, covenant not to sue, discharge, and hold harmless RCPR, its employees, agents, and representatives, of and from any and all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19. This waiver and release includes any claims based on the actions, omissions, or negligence of RCPR, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any RCPR program.

Child(ren): _____

Site Attending: _____

Parent/Guardian Signature: _____

Parent/Guardian Print: _____

Date: _____