THE CITY OF ALPHARETTA
RECREATION PARKS & CULTURAL SERVICES

COST PER SESSION: $225 ALPHARETTA RESIDENTS/ $337.50 NON-RESIDENTS
Payment must be made in FULL at the time of registration

Sessions (Check all that apply)

Session 1: June 1-June 5 _____
Session 2: June 8-June 12 _____
Session 3: June 15-June 19 _____
Session 4: June 22-June 26 _____
(No camp June29-July 3)
Session 5: July 6-July 10 _____
Session 6: July 13-July 17 _____
Session 7: July 20-July 24 _____
Session 8: July 27 –July 31 _____
Session 9: August 3-August 7 _____

Participant Name								**Gender**	☐ Male ☐Female
Date of Birth	/ /	**Age as of 6/1/20**		**Grade (next year)**		**Nickname**			
Address			**City**		**St**		**Zip**		
Name of Parent/Guardian									
Primary Phone	( )		**Secondary Phone**	( )					
E-Mail Address									
T-shirt (check preferred size)			☐ YS ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL						
Child lives with (please check all that apply)			☐ Mother ☐ Father ☐ Guardian ☐ Other_____						
1st Parent/Guardian				**Relationship**					
Place of Employment				**Work Phone**	( )				
2nd Parent/Guardian				**Relationship**					
Place of Employment				**Work Phone**	( )				
Emergency Contact #1 (adult name & phone required)									
Emergency Contact #2 (adult name & phone required)									
List the names of all persons authorized to pick up your child from camp: INCLUDES PARENTS/GUARDIANS									
Name		**Relationship**				**Contact Phone**			

Does your child have any allergies or medical conditions?	☐ Yes ☐ No If yes, explain:_____
How does an allergic reaction present itself?	
How do you manage an allergic reaction?	
Does your child require an Epipen? ☐ Yes ☐ No If yes, explain:_____	
Has/Is your child receiving any of the following special education	
☐ Vision ☐ Hearing ☐ Speech/Language ☐ PT ☐ Other_____	
Are there any activities your child cannot participate in due to physical, social or religious reasons?	☐ Yes ☐ No
If yes, please list activities:	
Other information we may find helpful to know:	

All medications should be sent in the ORIGINAL PACKAGE / CONTAINER with the time of day to be given and dosage clearly marked. DO NOT SEND ANY MEDICATIONS IN UNMARKED CONTAINERS! - Medication not in clearly marked prescription container will not be accepted.

I, _____, authorize the staff of the Alpharetta Recreation, Parks & Cultural Services to administer medication to my child/children.

Permission to give my child Tylenol Yes _____ No _____

Signature of Parent/Guardian _____ Date _____

Please fill out the attached Medication Authorization Form if your child requires medication at camp

Swimming Ability:
What level is your child: ☐ Beginner ☐ Advanced Beginner ☐ Intermediate ☐ Advanced ☐ Diving
Can your child swim without assistance? ☐ Yes ☐ No
Can your child go off the diving board? ☐ Yes ☐ No
Do you require that your child wear a life jacket? ☐ Yes ☐ No
Do you give camp staff permission to apply sunscreen before going to the pool, on field trips and outings? ☐ Yes ☐ No

City of Alpharetta Recreation and Parks

REFUND POLICY: Any participant may receive a refund, minus a $5 service fee, if the cancellation request has been received by email or phone before Thursday at 5pm on the week prior to the scheduled start of camp. No refunds will be issued for cancellations after Thursday at 5pm.

Please read the following and sign below:

I give the City of Alpharetta permission to transport my child on fieldtrips. I understand that I will be notified of exact times and locations.

I understand that the City of Alpharetta is not responsible for children until they are signed in the program either by a parent, guardian or authorized alternate (age 16 or older). I understand the City of Alpharetta is no longer responsible for the program participant once he or she has been checked out.

I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Activity including all programs incidental to the Activity. While the City of Alpharetta carries liability insurance, I/We assume all responsibilities for, and risk and hazards of, participation in the Activity, including transportation to and from all programs in the Activity. In consideration of being allowed to participate in the Activity, I/We hereby release and forever discharge the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Activity and all programs incidental to the Activity. I/We understand the refund policies as listed in the current department leisure guide. I hereby give the City of Alpharetta ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media. If paying by credit card: I understand that my credit card billing address must match the billing address on record with my financial institution for my payment to be authorized, and that any payments that do not receive authorization can result in temporary charges being placed on my credit card. I agree to pay the total amount in accordance with the card issuer agreement.

I/We have received the parent handbook and understand that I/We must abide by all the policies and procedures set forth in the handbook.

_____ _____
Parent/Guardian Signature Date

_____ _____ _____
Credit card # Expiration date 3 or 4 digit security code

CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that every child, participating in our program, will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp.

Camp has four basic rules that we explain to the children. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** Abusiveness toward others or using inappropriate language, fighting, stealing, etc. is not allowed. It also includes property damage, graffiti or vandalism.
- **Participate in camp activities.** It is camp's responsibility to know where campers are always. We encourage campers to try all activities unless excused by staff. Campers are always supervised and cannot be left alone.
- **Follow directions.** There are a lot of fun things to do at camp, but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** An example of this would include name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, the following is Wills Park Summer Day Camp behavior policy:

- **First Offense:** Camper will be given verbal warning.
- **Second Offense:** Camper will be put in timeout with an explanation and discussion on what is causing the problem. If the counselor needs help, the Director or Assistant Director will work with the child to help avoid further problems. We will also discuss with parents to see if any suggestions can be made in order to deter the inappropriate behavior.
- **After two (2) timeouts** have occurred, the Director/Assistant Director will suspend the child from camp for the remainder of the day and will contact the parent/guardian to pick them up immediately. Campers suspended will remain under the supervision of the Director/Assistant Director until a parent/guardian arrives.
- **After two (2) suspensions** from camp, the participant will be removed from the program for the rest of the session and there will be no refund for the remainder of that session. Attendance in camp for future sessions will be discussed with parents/guardians. Based on the Director/Assistant Director's input, the Supervisor will make the final determination of the whether the camper will return to the program.
- **In the event of a major offense or the camper physically injures another camper or counselor**, they will immediately be removed from the camp for the remainder of the summer. There will be no refund for the week the camper is attending; refunds for remaining weeks will be decided by the Supervisor, dependent upon the ability to fill the camper's place with another camper on a wait list. Because of the 1:10 staff to child ratio behavior that requires one on one attention on an hourly or daily basis cannot be tolerated. Such behavior will be treated as a major offense and can result in dismissal from the program.
- **The Supervisor reserves the right to remove a child from camp at any time in the event the campers and counselor's safety and well-being are compromised.**

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent Signature: _____ **Date:**_____

AUTHORIZATION TO GIVE MEDICATION AT CAMP

If medication can be given at home, before or after camp hours, please do so. If medication must be given during camp hours, this form must be completed.

Camper's Name: _____

I authorize the City of Alpharetta's Camp staff to assist my child in taking this medication.
I understand that:

- Medications must be in the original labeled container. Pharmacists may provide two labeled bottles for this purpose. Medications sent in an unlabeled container will not be given.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform staff of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be brought to the staff by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week of your child's last day of camp.

Name of medication: _____

Dose _____ Route* _____ Time(s) to be given_____

*Route: The method that medication is administered, such as by mouth, injection, inhaler, rectum, etc.

Date to discontinue medication: _____

Condition/Illness requiring medication: _____

Possible side effects, if any: _____

Licensed health care provider: _____

Licensed health care provider's phone: _____

Waiver of Liability

I, the undersigned, understand and acknowledge that participation in a class, day camp or activity can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the City of Alpharetta, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, my child, or that I cause to others, as a result of my participation in this class, day camp or activity. I, the undersigned, give permission to the City of Alpharetta to obtain and authorize medical care for participants at any hospital, emergency medical center or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

_____ _____

Parent/Legal Guardian Signature Date

Phone (H): _____ Phone (W): _____ Phone (C): _____

CAMPER CODE OF CONDUCT

KEEP FOR YOUR PERSONAL REFERENCE

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