

# TOWN OF CARY PARKS, RECREATION, AND CULTURAL RESOURCES CAMPS

Please thoroughly read the following, provide all requested information, sign and deliver this completed application to the facility of the camp where you are registered to attend PRIOR to campers attending a camp with the Town of Cary ("Town"). Children cannot be accepted at a Town of Cary camp until this application is complete, signed and delivered to the Town. The Town of Cary Park, Recreation, & Cultural Resources Department strives to provide the safest and best possible experience for your camper; therefore the information provided will be shared with all program staff who may interact with your child. **Please print clearly.**

**CAMPER NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE INFORMATION

Please list up to two additional names other than the parents/guardians listed above, age 16 or older, who are authorized to be contacted in case of an emergency and who may pick up your camper. **Authorized individuals will be required to show a picture ID or have a pick-up card.** A camper will ONLY be released to an individual who is 1) authorized by the parent/guardian via this form, 2) authorized by the parent/guardian who signed this form via a written amendment to this form, or, if the box below is checked, 3) authorized by a written document signed and dated by the parent/guardian whose signature appears at the bottom of this form or by an email from the parent/guardian originating from an email address provided above specifically authorizing the named individual to pick up the camper. Release authorizations provided pursuant to 3) must be repeated for all subsequent releases unless a written amendment is made to this form by the parent/guardian.

**By checking this box, I authorize Town of Cary staff to accept subsequent releases authorizing an individual not listed on this form to pick up my camper as long as any such authorization is 1) signed and dated by a parent/guardian listed above or 2) is an email originating from an email address listed above.**

1) Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact  Authorized Pick-Up  Authorized to receive information about camper's behavior and other activities at camp

2) Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact  Authorized Pick-Up  Authorized to receive information about camper's behavior and other activities at camp

## BY SIGNING BELOW, I ACKNOWLEDGE THE FOLLOWING:

- That all information provided on the following forms is accurate and correct.
- I am the parent/legal guardian of the child being enrolled and possess the requisite legal authority to enroll the child in programs provided by the Town of Cary.
- That Town of Cary staff will only allow the parents/guardians whose signature appears on the bottom of this form to make changes to these forms.
- For camps with scheduled off-site field trips, your permission is given for your camper to be transported in a Town of Cary or Town-approved vehicle driven by a Town of Cary employee or Town-contracted service.
- In accordance with the NC Child Passenger Safety Law—G.S. 20-137.1, the Town of Cary will require children who are less than 8 years old to use a child restraint device when being transported in a passenger vehicle excluding a charter coach bus.
- I have been given a copy of the Town of Cary Discipline Policy for participation in the camp programs. I agree to adhere to the guidelines set for participants. These guidelines will be followed, and I understand if they are not, the appropriate discipline procedures will be used. I also understand the guidelines and responsibilities that should be followed by the staff to ensure the safety and entertainment of my child. Any questions or concerns I have will be directed to camp staff, directors, or program supervisors.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# TOWN OF CARY PARKS, RECREATION, AND CULTURAL RESOURCES CAMPS

CAMPER NAME \_\_\_\_\_

## PARTICIPANT MEDICAL INFORMATION

In order for Town of Cary Parks, Recreation & Cultural Resources to provide the safest and best possible experience for your camper, the below information will be shared with program staff as necessary. **One participant per form. Please print clearly.**

Please list below and make our staff aware of any allergies (food or environmental), medical, or behavioral concerns so that we may provide the safest environment for your camper. Please list any additional information about conditions listed, including special instructions for allergic reactions.

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My child has a latex allergy  YES  NO

## PARTICIPANT MEDICATION INFORMATION

**This section applies only if you are sending a medication (including OTC, Epi-Pens, and Inhalers) to camp with your child**

The parent/guardian is responsible for the following with ALL medications:

1. Transport medication to program site and give directly to program staff.
2. Provide new, labeled containers if/when medication changes are made.
3. Check to ensure the medication does not exceed the printed expiration date. Program staff will not accept expired medication.
4. Notify program staff as soon as possible if there are any changes to instructions for the administration of medication once this form has been submitted. A new form may be required.

For prescription medications:

1. The pharmacy label will serve as the physician's authorization for the medication to be administered.
2. Medications must be provided in an original container with a visible label including the name of medication, the date of expiration, and clear dosage amount and administration directions with the participant's name clearly indicated. Inhalers outside the original package must be accompanied by a copy of the original package label noting the above information.

For non-prescription medication (e.g. Tylenol, Alka-Seltzer, Pepto-Bismol, Benadryl, etc.)

1. The medication will be administered according to the below instructions given by the parent/guardian.
2. Only one (1) dosage on non-prescription medication per day may be brought to camp. Medication must be provided in an original container.

This medication(s) is being given for the following condition(s): \_\_\_\_\_

Medication Name	Dosage	Hour Given	Dates to Administer
_____	_____	_____	_____
_____	_____	_____	_____

Additional Directions \_\_\_\_\_  
\_\_\_\_\_

I authorize program staff to administer the above named medication(s) to my child

\_\_\_\_\_  
Parent/Guardian Name Parent/Guardian Signature Date

**SUNCSREEN/BUG SPRAY** For camps with outdoor activities, it is recommended to apply sunscreen and/or bug spray to your camper prior to arriving to camp. You may send sunscreen/bug spray with your camper; however they must be able to apply themselves under adult supervision. Sunscreen/bug spray must be labeled with child's name. Campers are not to share these products with other campers. Should conditions warrant, please check YES or NO if you would like for us to supply sunscreen or bug spray to your child.

YES  NO

# TOWN OF CARY PARKS, RECREATION, AND CULTURAL RESOURCES CAMPS

## RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY MEDICAL TREATMENT TO PROGRAM PARTICIPANT

One participant per form. Please print clearly.

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN (hereinafter referred to as the "Release") made by and between Town of Cary and

\_\_\_\_\_  
(Parent/Guardian Name)

residing at \_\_\_\_\_  
(Address)

who is the parent/guardian of \_\_\_\_\_ (a minor).  
(Child's Name)

In consideration of being allowed to participate in a Town of Cary Parks, Recreation, and Cultural Resources camp or other activity, I, the undersigned parent/guardian of the minor named above, acknowledge, appreciate, and agree that:

1. Town of Cary staff may administer treatment or medicine and may contact appropriate medical help for the minor during emergency medical situations.
2. In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for the minor named above.
3. **The minor is allergic to the following medications:** \_\_\_\_\_
4. I, for myself and for my heirs, assigns, executors, and administrators agree to release, waive and discharge any legal rights I may have, or that I may assert on behalf of the minor, to seek payment or relief from any kind from the Town of Cary, its officers, employees or agents administering treatment, administering medicine, or calling or failing to call for medical help for the minor, during emergency medical situations, provided the Town of Cary has used reasonable care.

TOWN OF CARY REPRESENTATIVE

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

PARENT/GUARDIAN

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Date \_\_\_\_\_

# TOWN OF CARY PARKS, RECREATION, AND CULTURAL RESOURCES CAMPS

## DISCIPLINE POLICY

Please read our discipline policy below. Both parent /guardian and camper must acknowledge having received and read/had read to them and agree to adhere to the guidelines. **This page does not need to be returned. Please keep for your reference.**

The Town of Cary Parks, Recreation, and Cultural Resources Department will follow the guidelines below for Town of Cary Camp Programs:

### Staff Responsibilities

The job of the Camp Staff is to create a fun and safe environment for participants in the program. Participant behavior that is not conducive to this environment or that is destructive to others or property will be dealt with in a professional, positive, and timely manner to correct the behavior. Some of the proper procedures are as follows:

- Discuss behavior problem with the participant.
- Use “time out” technique if inappropriate behavior continues. One minute out per activity per year of age might be a rule of thumb for initial problems. Time out should be done in close proximity to a staff member.
- Discuss the problem with the parent/guardian and ask for their input on ways to manage the behavior.
- If the situation does not improve, contact your supervisor for assistance.

Reinforce positive behavior:

- Use certificates, praise, and privileges to encourage good behavior.
- Learn to talk to participants at eye level. For example, get down on your knees to talk to a small participant.

### Participant Responsibility

It is the responsibility of each participant to follow the guidelines of camp for his/her own safety. Following procedures will ensure a fun and memorable experience. Some examples of guidelines are:

- Follow directions given by camp staff at all times.
- Stay in your assigned area.
- If you leave the assigned area, use the buddy system and always let an adult know where you are.
- Respect others, yourself, and property.

### Incident Report Procedures

In the event that a participant does not follow the camp guidelines, and incident report will be written to document and correct the behavior. All incident reports will be kept on file in the camp office.

#### **First Incident Report**

- This report is written only for repeated behavior by the participant that cannot be corrected by the camp staff with time-out or other forms of behavior modification.
- A copy of the report will be given to the parent/guardian the same day. Incident reports will be discussed privately with parent/guardian by camp staff.

#### **Second Incident Report**

- This report should be written if the behavior is repeated or if the participant displays new behavior problems. This report will follow the same criteria as the first, but **a one or two-day suspension from camp could accompany this report.**
- A copy of the report will be given to the parent/guardian the same day. Incident reports will be discussed privately with parent/guardian by camp staff.

#### **Third Incident Report**

- This report will follow the same criteria as the two above, but **dismissal from camp can occur at this time.**
- The full-time staff of the camp will give this report to the parent/guardian. Incident reports will be discussed privately with parent/guardian by a camp director or supervisor.

**Immediate dismissal from the program can occur at any time given severe circumstances. Refunds for missed days due to a discipline dismissal may not be granted.**