

TOWN OF APPLE VALLEY RECREATION DEPARTMENT
2021 Summer Day Camp

CHILD'S NAME _____

BOY/GIRL **D.O.B.** _____ **GRADE:** _____ **AGE:** _____

HOME ADDRESS _____

E-MAIL ADDRESS _____

See Program Policy Acknowledgements on page 3 for issues pertaining to Child Custody and Visitation

MOTHER'S NAME _____

PHONE #'s: Home _____ Work _____ Cell _____

FATHER'S NAME _____

PHONE #'s: Home _____ Work _____ Cell _____

EMERGENCY CONTACTS (if we are unable to reach you) **MUST LIST TWO.**

(Emergency Contacts will also be authorized to pick up child from Day Camp)

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

DOES YOUR CHILD HAVE ANY PHYSICAL PROBLEMS WE SHOULD KNOW ABOUT, IF SO LIST:

WILL YOUR CHILD NEED TO TAKE MEDICATION DURING DAY CAMP HOURS? _____

DOES YOUR CHILD HAVE ANY OTHER SPECIAL NEEDS WE SHOULD KNOW ABOUT? _____

IS YOUR CHILD ALLERGIC TO ANY FOODS? _____

DOCTOR NAME _____ **PHONE** _____

HEALTH INSURANCE _____

FULL NAMES OF THOSE AUTHORIZED TO PICK UP YOUR CHILD FROM DAY CAMP:

(Other than Mother, Father, and Emergency Contacts):

NOTE: PARTICIPANTS WILL NOT BE RELEASED TO ANYONE UNDER THE AGE OF 18.

1. _____

2. _____

3. _____

4. _____



DAY CAMP LIABILITY WAIVER, RELEASE AND AUTHORIZATIONS
RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PHOTO RELEASE,

The Town provides a full spectrum of recreation, sport, educational and equestrian programs for children, teens, adults and families to help create "A Better Way of Life." In consideration for the Town, permitting me, my children, or children for whom I have capacity to contract ("Participant(s)") to engage in Town recreation programs on and off Town facilities, I understand and agree to the following:

RELEASE OF LIABILITY. I hereby release, indemnify, defend, and hold harmless the Town of Apple Valley, its elected and appointed officials, its officers, clients, employees, agents, and volunteers ("Released Parties"), from any and all liabilities, claims, demands or causes of action (including attorneys' fees) that Participants may hereafter have for injuries and damages arising out of participation in any activities held at Town facilities or as part of a Town recreation program including, but not limited to, losses caused by the acts or omissions of the Released Parties or of obvious or hidden defects or dangerous conditions in Town facilities or Town recreation programs. This release shall release the Released Parties from related activities not conducted on Town property, including travel and off-site activities.

ASSUMPTION OF RISK. I understand that use of Town facilities and recreation activities may involve risks and dangers to Participants that no amount of care, caution, instruction or expertise can eliminate. I expressly and voluntarily assume all risk of injury to Participants from any activity held at Town Facilities or as part of Town recreation programs. The Town is not responsible for any loss, theft or damage to personal property or Town equipment, articles, or facilities while Participants use said equipment, articles and/or facilities. I am aware that special interest classes are conducted by independent contractors, not Town personnel.

This release shall remain in effect until revoked and shall extend to all Town facilities and recreation programs that Participants may participate in. A copy of this release may be used to the same extent as the original. I certify that I have read and understand this release as it applies to me and to any minors for whom I am responsible (who are listed below).

Signed: _____ (Printed Name: _____)

On behalf of (list name of minors): _____

PHOTO RELEASE. I authorize the Town of Apple Valley to take photographs of Participants and use or publish the photographs in the Town's publications, including its flyers, videos, or on websites. I understand that I will not receive any compensation for such use.

Signed: _____ (Printed Name: _____)

On behalf of (list name of minors): _____

I. MEDICAL TREATMENT AUTHORIZATION

In case of emergency, I give permission to the Town of Apple Valley Recreation Department to sign for emergency medical treatment for my child: _____

Until myself, my spouse, or the child's guardian arrives at the medical facility.

SIGNATURE _____ **DATE** _____

II. NON-EMERGENCY TREATMENT AUTHORIZATION

I give permission to the Town of Apple Valley Recreation Department to apply the following basic first aid as may be needed by my child: _____

____ SUNSCREEN ____ BAND-AIDS

SIGNATURE _____ **DATE** _____

2021 Summer Day Camp Program Policy Acknowledgments

1. Payment Policy:

Payment for Day Camp is required prior to your child attending. Your child does not have a reserved spot in the program until a payment for the week has been processed.

I acknowledge that:

- A. The weekly fee must be received by the Recreation Dept prior to my child attending Camp **Initial:** _____
- B. My child does not have a reserved spot unless a payment is made for that week. **Initial:** _____

2. Child Custody:

Both parents have custody and/or visitation rights:

The Town of Apple Valley does not accept copies of custody agreements or make determinations of child visitation dates and timeframes. If there is an agreement in place which grants both parties custody or visitation, then both parties shall be listed as an Authorized Pick-up on page 1.

One parent does not have custody or visitation rights:

If one parent has no custody or right to visitation, then that parent should not be listed as an Authorized Pick-up. In place of "Mother's Name" or "Father's Name", write "No Visitation/Custody" If this parent attempts to pick-up the child, the Town will not release the child, and the police will be contacted if necessary.

I acknowledge that:

- A. The Town will release my child to any person listed as an Authorized Pick-up, at any time. The Town will keep a record of who picked up the child, and when, but will not determine who has the right to pick-up on any given day. **Initial:** _____

3. Changes to Registration Form.

For the safety and security of the child, prior to making a change to this form the Town must verify the identity of the caller. Only those listed as Mother or Father are authorized to change this form. If the Town cannot verify your identity over the phone, you must make the desired change in person. **Initial:** _____

Parent or Guardian Name: _____

Signature: _____

Date: _____

