



Dear Parents:

We are excited about our 2019 Summer Day Camp Program. This year we are offering five Day Camp sessions and hope that your child is looking forward to a fun summer at the recreation department! The following information should be helpful:

- Dates:** June 10-14, June 17-21, June 24-28, July 8-12, and July 15-19
Days: Monday – Friday
Location: Sammy A. Haggard Park Mailing:
1345 Highway 98 West PO Box 248
Danielsville, GA 30633 Danielsville, GA 30633
Ages: 6-12 (Must be at least six and not over twelve by June 5, 2019)
Cost: \$75.00 per week attended (includes camp t-shirt)
L.I.T. Ages: 13-15 (must be at least 13 and not over 15 by June 5, 2019)
L.I.T. Cost: \$40 per week attended (includes camp t-shirt)
Times: 8:00am – 5:30pm
Campers may be dropped off anytime between 7:45am and 10:00am and picked up between 3:30pm and 5:30pm without missing any activities. Please feel free to contact me if you have any questions.
Out-of-County Fee: \$25.00 (Covers all weeks attending for participants outside of Madison County)
Activities: Include games, crafts, guest speakers, contests, and lots of outdoor fun!

Enclosed you will find a registration packet which includes general information, health information, and waivers for your child. Please complete these forms in full and return them to the recreation department, along with your payment. You may either return the items to the office in person or by mail. If you are returning them by mail, please be sure to send them to our post office box at the address listed above. Checks should be made payable to the Madison County Recreation Department. **Your child will be considered pre-registered for camp once the completed forms and payment have been received.**

Day Camp sessions are limited to 24 participants and 6 LITs, so we look forward to hearing from you soon. Once your child is registered, you should receive a Summer Day Camp Handbook via email. If you do not receive a handbook by May 15th, please call us so that we can get one to you. If you have any questions, please feel free to contact us at (706) 795-6270.

Sincerely,

Shelley Parham
Assistant Director

Madison County's Summer Day Camp 2019 Registration

Participant's Name: _____ Sex _____

Mailing Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Grade completed this year ____ School Attending _____

Registering Parent's Name: _____

Home Phone _____ Cell Phone (Dad/Mom) _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Parent/Guardian Email _____

Emergency Contact _____ Phone _____

(Emergency contact should be someone other than a parent/guardian in the event that we are unable to contact you.)

Shirt Size (Circle One) YS YM YL AS AM AL AXL AXXL *(shirt size guaranteed if registered by May 22, 2019)*

Day Camp Session(s) attending:

- June 10-14 June 17-21 June 24-28 July 8-12 July 15-19

I acknowledge that the Madison County Recreation Department does not carry insurance on participants in programs. Being aware of this situation and acknowledging that participation in any activity involves a certain degree of risk and injury; I hereby release the Madison County Recreation Department, their board, directors, employees, coaches, instructors, officials, and volunteers from any and all liability arising out of any injuries suffered by the above said participant during this activity. I further agree to abide by the policies and procedures of the department, including, but not limited to, the Madison County Recreation Department's Code of Conduct.

I acknowledge this camp is not licensed through Bright from the Start.

Signature: _____ Date: _____

AUTHORIZATION OF PICK-UP

*Photo Identification is required for **anyone** to pick-up from Day Camp!*

I hereby authorize the following people to pick-up my child from the M.C.R.D. Summer Day Camp:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

I realize that I must call the recreation department to notify the staff if someone not listed above is picking up my child. In addition, anyone not listed above will be required to present a picture I.D. upon arriving to pick up my child.

Signature: _____ Date: _____

MEDICAL INFORMATION FORM

Participant's Name _____

Medical Insurance Company _____ Preferred Hospital: _____

Is the participant covered under your health insurance plan? Yes _____ No _____

Doctor's Name _____ Phone _____

1. List any known **allergies** _____

2. List any **current medications** _____

3. List any **current injuries/illnesses** _____

4. Please list any limiting physical/mental conditions that exist (e.g. behavior disorders, mobility, etc.) _____

Signature: _____ Date: _____

WAIVER & RELEASE STATEMENTS

Participant's Name: _____

Being fully aware of the risk of bodily injury, the undersigned does further agree that the child listed above assumes the risk of danger involved in any program of this nature. Being desirous of arranging for the medical care and treatment of my minor child during his/her participation in the above mentioned program, do hereby authorize the Madison County Recreation Department to act in the following matters in behalf, place, and stead:

- a. To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other medical practitioner;
- b. To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible, by telephone for permission. The physician, organizers, directors, agents, or employees of the M.C.R.D. are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring a suit with respect to any such injury or damage. This Medical Authorization shall remain effective until such time as the program has been completed. I, the undersigned, am a Parent, Legal Guardian, or Caregiver of the above specified minor. I have read and fully

Madison County Recreation Department - 2019 Summer Day Camp Registration

understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound thereby. The Madison County Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in, its programs or activities.

Print Name _____

Signature _____ Date _____

CONSENT FORM

THIS CONSENT FORM IS VALID FOR ALL 2019 SUMMER DAY CAMP PROGRAMS

Transportation

I give permission for my child to participate in and be transported on field trips, supervised by Madison County Recreation Department Summer Day Camp personnel at all times. I will be given notice for each off-site trip.

As parent/guardian, I understand that no accident or medical insurance is provided with these activities. I understand that the waiver and release of liability signed on the registration form for Summer Day Camp includes planned field trips. In addition, I grant permission for my child to attend the listed trips knowingly and freely assuming all inherent risk in activities, assuming full responsibility for my child's participation in these trips or transportation to and from activities, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law, and hereby indemnify and hold harmless the Madison County Recreation Department, its officers, directors, employees, agents, and or servants from any claims whatsoever, including that of injury, illness, death, loss or damage which I or my child may suffer as a result of my/his/her participation in these activities. I hereby grant consent to any all first aid deemed necessary for my child by Madison County Recreation Department. This includes first aid transportation to and from first aid responders.

Campers must wear the provided Summer Day Camp t-shirt on field trip days.

I, _____ certify that I have received, read, and understand the Madison County Recreation Department Transportation Parental Consent Form and the policies found therein.

NO _____ My child will not attend on field trip days.

Pictures/Videos

Permission is granted for my child to appear in pictures and/or videos using his/her name for educational, promotional or other proper purposes only. YES _____ NO _____

Signature _____ Date _____

PAY SUMMARY SHEET

Participant's Name _____

**CHECK THOSE
THAT APPLY**

	CAMP	COST		WEEKS	TOTAL
_____	Day Camp (June 10-14)	\$75.00	X	1	_____
_____	LIT (June 10-14)	\$40.00	X	1	_____
_____	Day Camp (June 17-21)	\$75.00	X	1	_____
_____	LIT (June 17-21)	\$40.00	X	1	_____
_____	Day Camp (June 24-28)	\$75.00	X	1	_____
_____	LIT (June 24-28)	\$40.00	X	1	_____
_____	Day Camp (July 8-15)	\$75.00	X	1	_____
_____	LIT (June 8-15)	\$40.00	X	1	_____
_____	Day Camp (July 15-19)	\$75.00	X	1	_____
_____	LIT (June 15-19)	\$40.00	X	1	_____
_____	Out-of-County Fee (per child)	\$25.00			_____
_____	Multiple Week Discount	- \$ 5.00*	X	_____	_____

*No discount for first week registered, only additional weeks

TOTAL _____

Day Camp Hours

Campers may be dropped off no earlier than 7:45am and picked up no later than 5:30pm.

Please submit payment of the total listed above to the Madison County Recreation Department at the time you submit the registration for your child. A spot in any of the camps can only be guaranteed by payment in full.

Office Use Only Below This Line

Date _____ **Amount Paid** _____ **Check #** _____

Additional Payments _____

Date Handbook Received/Mailed _____