

**CITY OF LV ABE MONTOYA RECREATION CENTER
SUMMER DAY CAMP REGISTRATION**

JUNE 10 - AUGUST 2, 2019

(going into) GRADES: HEADSTART TO 6th



PLEASE PRINT

CHILDS NAME: _____ GRADE (going into): _____
ADDRESS: _____ CITY/STATE: _____
AGE: _____ DATE OF BIRTH: _____ EMAIL: _____
MOTHERS NAME: _____ CELL PHONE : _____
FATHERS NAME: _____ CELL PHONE: _____
EMERGENCY CONTACT: _____ PHONE #: _____
RELATIONSHIP: _____

FOR OFFICIAL USE

SPECIAL: Mar 1 - Mar 31 : \$200.00

April 1 - June 10 - \$250.00; 2nd child: \$225.00 3rd/4th child: \$200.00

OPTIONS: DAILY HALF DAY FEE; \$6.00; DROP IN FULL DAY FEE: \$10.00

LATE FEE (AFTER JUNE 14th) \$275.00, and \$250.00 2nd/3rd child

AMOUNT PAID: \$ _____ PAYMENT TYPE: (check/cash) CK #: _____

DAILY HALF DAY: \$ _____ FULL DAY DROP IN: \$ _____

(PAYMENT PLAN: 1st payment: _____ Balance: _____ 2nd payment: _____) (approval only)

PARENT SIGNATURE: _____

CLERK SIGNATURE: _____ DATE: _____

ALL RECEIPT'S MUST BE ATTACHED TO THIS FORM AND PARTICIPANTS NAME/NAMES MUST BE ON RECEIPT (multiple children - make multiple receipts)

MEDICAL HISTORY

Facts concerning child's medical history to which a physician should be alerted. All information obtained is considered confidential, except to medical provider. Please indicate if the participant has had, or is currently under treatment for any of the following conditions:

ASTHMA _____ DIABETES _____ SEIZURES _____
HEART PROBLEMS _____ HEPATITIS _____ MIGRAINE HEADACHES _____
BLEEDING DISORDER _____ HIGH BLOOD PRESSURE _____ EAR PROBLEMS _____
EMOTIONAL PROBLEMS _____ TETANUS (DATE): _____ INFECTIOUS DISEASES _____
MENINGITIS _____ MUSCULAR WEAKNESS _____ ALLERGIES _____
CONTACTS _____ REACTIONS TO MEDICINES: (please list): _____
LONG TERM MEDICATIONS (please list): _____
HOSPITALIZED FOR SERIOUS ILLNESS, SURGERY, and ACCIDENTS: Explain: _____

Has child ever been treated, informed of the need to be on antibiotic therapy prior to dental treatment
YES _____ NO _____ PLEASE ADD ANY PROBLEMS NOT LISTED: _____

Please be advised that the City of Las Vegas recreation program does not have the ability to handle special needs children. If your child has special needs, they will need to be accompanied by a qualified professional that can care for their individual needs. **Please contact the Recreation department staff to set up any additional needs required.**

EMERGENCY MEDICAL AUTHORIZATION

I, Parent/guardian _____ hereby authorize medical treatment for my child, _____ who may become ill or injured while under program authority, when parents cannot be contacted. In case of an emergency, I hereby give my consent to transport my child to the following medical care providers; I give any reasonable and customary medical and health care deemed necessary.

PRIMARY PHYSICIAN: _____ PHONE NUMBER: _____

PRIMARY DENTIST: _____ PHONE NUMBER: _____

If for any reason the listed medical care provider cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care facility. This authorization does not cover any major surgery unless one other doctor/dentist concurs. Nothing in this section shall be constructed to impose liability on any recreation program staff, city official, or city employee whom in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

PARENT/GUARDIAN SIGNATURE

DATE

BEHAVIOR

Recreation staff must be free to administer and supervise the activities planned for the participants. Consequently, disciplinary problems are dealt with quickly, but fairly. Rules and regulations must be followed by all participants in our recreation program to provide the best quality programming.

IF a participant breaks rules, a discipline procedure will be followed.

A three step warning process will be implemented . Parent will be informed by notice for each warning.

After the third warning - a Disciplinary Action Report (DAR) will be filled out and submitted to the Recreation office and a copy will be sent home to parent with child.

First DAR, parents will be called regarding situation

Second DAR, child will be suspended from the program for the remainder of the day, and/or for the following day. If an event/field trip is scheduled during that week, child may lose his/her privilege to attend.

Third and final DAR, the child will no longer be allowed to attend the recreation program and all fees paid will be forfeited.

I HEREBY AGREE TO THE BEHAVIOR POLICY AND THE DISCIPLINARY ACTION REPORT PROCESS:

PARENT/GUARDIAN SIGNATURE

PERMISSION TO ATTEND FIELD TRIPS/SPECIAL EXCURSIONS

During the program, participants may have the opportunity to attend field trips and special excursions. I understand that a group may at the last minute be able to attend a special event depending on transportation or opportunity and I may or may not be notified. I understand that my child is supervised at all times. I understand that some special field trips may require an additional fee to attend. Permission forms will be sent home and must be returned as soon as possible with full payment. Pre registration for some events and/or programs is necessary to allow recreation staff to schedule transportation and supervision. I hereby authorize my child _____ to participate and attend these trips with the recreation program.

PARENT/GUARDIAN SIGNATURE

PERMISSION TO TAKE PICTURES

During the program, participants may have the opportunity to have pictures taken by local media or Recreation Center staff. Action pictures are utilized on display boards for health fairs, legislative requests, grant writing, recreation center program promotions and/or local media.

We understand that some parents may not wish for their child to be photographed.

I hereby allow my child to be in photographs

I DO NOT allow my child to be in Photographs

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

REFUND POLICY

REFUND POLICY: I understand that I will abide by the current Abe Montoya Recreation Center

Refund Policy/Corrections Procedure Administrative Number A11-194:

SUMMER DAY CAMP: 100% refund given if the office is notified that participant will withdraw before starting the first day of program or session. 50% refund will be given in the first 10 days of the program. (Excluding weekends and holidays) No refunds will be issued after the second week of the summer camp.

Parent/Guardian Signature

RELEASE OF LIABILITY

I/We do hereby agree to release, hold harmless, and forever give up claim against the City of Las Vegas, Abe Montoya Recreation Center, or any of its agents, representatives, and staff, volunteers that may arise for damages on account of bodily injury or property damages arising in any manner out of participation in the Recreation Department program.

I, _____ understand that by my child participating, there is a chance of injury including, but not limited to, muscle sprains, strains, scratches, cuts, bruises, sunburn, bug bites, bone breaks, head injuries, possible paralysis and or death; I am intending to be legally bound, and do hereby, for my child, heirs, my personal representatives and assigns, waive, release and forever discharge any claims for damages which may have or may hereafter occur to my child against the City of Las Vegas, recreation staff, and volunteers, from claims, injuries, or actions sustained or suffered in connection with my child's association, entry or arising from my child's participation in said summer day camp recreation activities and field trips.

PARENT/GUARDIAN PRINT

PARENT/GUARDIAN SIGNATURE

PICK UP AUTHORIZATION FORM

The following people are authorized to pick up my child from the Summer Day Camp program. I understand my child will be allowed to leave with these individuals only. Identification will be required.

Childs name: _____ Group/age: _____

(Parents/Guardians, please include yourself/spouse/partner, etc)

Parent/Guardian: _____ Relationship: _____

Phone Number: _____

Parent/Guardian: _____ Relationship: _____

Phone Number: _____

Authorized Person #1: _____ Relationship: _____

Phone Number: _____

Authorized Person #2: _____ Relationship: _____

Phone Number: _____

Authorized Person #3: _____ Relationship: _____

Phone Number: _____

Authorized Person #4: _____ Relationship: _____

Phone Number: _____

Authorized Person #5: _____ Relationship: _____

Phone Number: _____

If you would like a person that is not on this form to pick up your child, please notify the Camp Supervisor as soon as soon as possible prior to child being picked up to avoid delay in pick up process.

Name of person/persons **NOT ALLOWED** to pick up my child:

Parent/Guardian Signature: _____

Note: ONLY Parent/Guardian may at any time add, delete or change authorized persons during course of the program. Please notify the Camp Supervisor for any updates to this authorization form.