

CITY OF ALLEN - CAMP S.T.A.R.

SUMMER 2016 CAMPER INFORMATION FORM

A required *Camper Information 2016* form will need to be completed and on file with the Camp Director before the first day of camp begins for your camper.

| PARTICIPANT INFORMATION | | | | |
|---|-------------|--|------|------|
| Last Name: | First Name: | Gender: M F | Age: | DOB: |
| Address (street, city, zip code): | | | | |
| Is your child able to swim on his/her own? YES NO Additional comments: | | Is your child able to speak and understand English? YES MOSTLY NO Additional comments: | | |

| PARENT/GUARDIAN (A) INFORMATION – <i>Designated as Main Contact and is the only contact allowed to change camper form.</i> | | |
|--|------------------------------|---|
| Parent/Guardian Name: | Relationship to Participant: | Do You Have Legal Custody? Yes No |
| Cell Phone #: | Home/Work Phone #: | Driver's License #: |
| Email Address: | | |

| PARENT/GUARDIAN (B) INFORMATION | | |
|---------------------------------|------------------------------|---|
| Parent/Guardian Name: | Relationship to Participant: | Do You Have Legal Custody? Yes No |
| Cell Phone #: | Home/Work Phone #: | Driver's License #: |
| Email Address: | | |

See reverse side to complete registration form.



Joe Farmer Recreation Center
 1201 E. Bethany Drive ♦ Allen, TX 75002
 214.509.4750 ♦ AllenParks.org

EMERGENCY CONTACTS (other than parent/guardian) / PERMISSION TO PICK UP CHILD

| | | |
|------------------------|------------------------------|---------------------|
| Emergency Contact (1): | Relationship to Participant: | Driver's License #: |
| Cell Phone #: | | Home/Work Phone #: |
| Emergency Contact (2): | Relationship to Participant: | Driver's License #: |
| Cell Phone #: | | Home/Work Phone #: |

MEDICAL INFORMATION

| | |
|---|----------------------------|
| Medications to be administered during program hours: | Please list any allergies: |
| Does participant have identified special needs, physical, emotional, or learning disabilities? If so, please explain: | |

Please include any additional information regarding your child which you believe will be helpful for staff to better understand your child and their needs (description of disabilities, limitations, child's temperament, behavior, and methods used to control behavior, etc.

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WAIVER: In consideration of your accepting my child's entry to the City of Allen Summer Day Camp, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child have against the City of Allen, its employees or any volunteers working with the program. The risks involved in respect to such a program are fully understood. In the event I cannot be reached to make arrangements for medical treatment, I authorize the City of Allen employees to administer first aid and/or transportation to the nearest hospital. I understand there will be day trips scheduled during my child's participation, and hereby authorize my child's participation in these activities. I authorize the City of Allen and its contractors to transport my child to any and all planned field trips. I am aware that camp will be watching G/PG rated children's movies and that photos may be taken during camp and those photos may be used in marketing or advertising materials. I have received the Parent Handbook and will read and comply with all the stated information.

Parent/Guardian Signature: _____

Date: _____



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