



Total Amount \$ _____
Check # _____
Receipt # _____

Oak Island Parks and Recreation Summer Day Camp 2017 Schedule

Thank you for choosing our camps for your children! Please check all camps you are signing up for.

June Camps

June 12-16

- _____ Tennis Camp (12th-15th) \$70/\$80
- _____ British Soccer Camp - Register online www.challengersports.com/britishsocccamps.aspx

June 19th-June 23rd

- _____ Animal Adventures \$60/\$70
- _____ Golf Camp \$60/\$70
- _____ Tennis Camp (19th-22nd) \$70/\$80
- _____ Youth Fire Camp \$60/\$70

June 26-30

- _____ Lacrosse Camp \$60/\$70
- _____ Skate Camp \$60/\$70

July Camps

July 10-14

- _____ The Mighty Jungle \$60/\$70
- _____ Sailing Camp \$180/\$190
- _____ Tennis Camp (10th-13th) \$70/\$80
- _____ Nature Camp 2017 \$60/\$70

July 17-21

- _____ Young Artist \$60/\$70
- _____ Fishing Camp \$60/\$70
- _____ Sailing Camp \$180/\$190
- _____ Golf Camp \$60/\$70

July 24-28

- _____ Pickleball Camp (24th-27th) \$45/\$55
- _____ Space is the Place \$60/\$70
- _____ British Soccer Camp - Register online www.challengersports.com/britishsocccamps.aspx
- _____ Sailing Camp \$180/\$190

July 31st-August 4th

- _____ Advanced Sailing Camp \$150/\$160
- _____ Skate Camp \$60/\$70
- _____ Tennis Camp (31st-3rd) \$70/\$80
- _____ Mad Scientist \$60/\$70

August Camps

August 7-11

- _____ Mystery Fun \$60/\$70

June 5th- August 29th

_____Surf Camp
camps/

\$130/week- meets M&T – Register *online* [www.crystalsouthsurfscamp.com/oak-island-](http://www.crystalsouthsurfscamp.com/oak-island-camps/)



Oak Island Parks & Recreation Department

2017 Summer Day Camp Registration Form

Office Use Only
Date: _____
Taken by: _____
Amount: _____
Cash/Check # _____

Child's Name: _____

Age (as of June 1, 2017): _____ Date of Birth: _____ Sex: male / female

T-shirt size: (circle one) YS YM YL AS AM AL XL

Parents/Guardians with whom the child resides:

Names: _____ Home Phone #: _____

Complete Home Address: _____

Email Address: _____

Work Information:

Mother's workplace: _____ Phone #: _____

Address: _____ Work hours: _____

Father's workplace: _____ Phone #: _____

Address: _____ Work hours: _____

Other Info: _____

Persons authorized to pick up your child: Any changes must be made in writing.

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

4. _____ Phone #: _____

Child's Physician:

Name: _____ Address: _____ Phone #: _____

Emergency Numbers: Please list two people who may be notified in case of emergency or illness, *when parents/guardians are not available*. Please list a phone number where they may be reached during program hours.

Name: _____ Address: _____

Phone #: _____ Relationship to child: _____

Name: _____ Address: _____

Phone #: _____ Relationship to child: _____

Medical History

1. Allergies: Check all that apply and specify nature of reaction.

Animals Food Plants Hay Fever Medicines
 Pollen Insect Stings Other: _____

Explain: _____
.....

2. Previous Diseases: Check all that apply.

Chicken Pox German measles Measles Mumps
.....

3. Illness and Injury: Check all that apply.

Ear Infection Diabetes Asthma Hypertension
 Heart Disease Seizures Other: _____
.....

4. Other Conditions: Check all that apply.

Motion Sickness Nosebleeds Hearing Impaired Fainting
 Emotional Disturbance Wear glasses/contacts Sickle cell trait/disease
 Other: _____
.....

5. Additional Information:

Date of last examination: _____ Date of last Tetanus shot: _____

Are there any foods or drinks that your child cannot eat or drink? _____

Does your child have any physical activity restrictions? _____
.....

6. Immunization History: Check all immunizations received.

DIP Polio Measles Rubella Mumps
.....

I hereby verify the above information is correct and can be verified

Parent/Guardian Signature: x _____

Releases/Information

Emergency Medical Release: If emergency care is deemed necessary and I **CANNOT** be contacted, I authorize the Summer Day Camp staff to act in my behalf in granting permission for my child to receive medical treatment.

Signature of parent(s)/guardian(s): x _____
x _____

If not, please state reason: _____

.....

Information about your child: Please give any information concerning your child that will be helpful in his/her experience in the Summer Day Camp Program (ex. likes/dislikes, eating habits, favorite games, fears, etc.)

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Permission to Travel: I/We the parents of the above-named minor, hereby give permission for his/her travel to all Summer Day Camp trips sponsored by the Oak Island Parks & Recreation Department. I/We assume all risks and hazards incidental to the trip. I/We do further hereby release, absolve, indemnify, and hold harmless the City of Oak Island, the Oak Island Parks & Recreation Department, any staff member of the Department, or any supervisor appointed by them.

Signature of parents/guardians: x _____
x _____

Both parents/guardians must sign, if not please state reason: _____

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Photographic Permission: I DO I DO NOT (circle one) give my permission to have my child appear in media coverage approved by the Oak Island Parks & Recreation Department.

Movie Permission: I DO I DO NOT (circle one) give my permission for my child to view movies rated PG and below, either at camp or at a movie theatre

Signature of parent(s)/guardian(s): x _____
x _____



Parental Agreement

Policies and Procedures

1. The fees for the program are due at registration.
2. If I choose to withdraw my child from camp for any reason, there will not be a refund or a credit.
3. I can't switch my child between camps even if they have to miss one camp they are registered for and there is a similar one offered. If my child misses camp, there will be no refunds or credits.
4. Requests to place children in a certain group or with certain campers will be considered but not guaranteed.
5. I understand the times the camp begins and ends and *I will be charged \$5 per 10 minutes for late pick up of my child.*
6. I agree to come inside and sign my child out of Summer Day Camp. No camper may leave the building without a parent/guardian.
7. If a medical emergency arises, the staff will first attempt to contact a parent/guardian. If I cannot be reached, the staff will contact the emergency numbers. If the emergency is such that immediate hospital attention is necessary, the staff will have my child transported to the hospital.
8. Children are not to bring toys, electronic devices, including cell phones and/or personal belongings to the program. If additional materials and equipment are needed for activities, parents will be notified.
9. There will be numerous trips throughout the summer. A weekly schedule of events will be posted for your convenience. If your child misses several days or you are unsure of the next day's events, we encourage you to call the Recreation Center at 910-278-5518.
10. A complete list of Day Camp Rules will be explained to your child. Failure to follow these rules may result in your child's suspension from the program.
11. Parents will be called to pick up children who become ill or for disruptive behavior:

Physical violence will not be tolerated under any circumstance. These incidents may carry a more severe penalty than above. Dependent on the situation's severity, the Department may deem to move to Step 2 or Step 3 initially if it is in the best interest of the campers and staff.

If your child is involved in an incident that requires disciplinary action, the following three-strike system will be implemented:

- 1st Offense- Verbal warning and discussion with parent
- 2nd Offense- Written warning, discussion with parent, and probation
- 3rd Offense- Discussion with parent and removal from camp without refunds

The staff of the Oak Island Parks & Recreation Department withholds the right to suspend any child at any time if the safety of other children is at risk. The Oak Island Parks and Recreation Department prides itself on our day camp program offered to area youth each summer. One of our biggest concerns for the children in our programs is ensuring their safety in all activities.

I have read and understand the above information.

Parent Signature: _____ Date: _____

**Oak Island Parks and Recreation Department
Parent Camp Agreement
Summer 2017**

I, _____, have read and understand the Oak Island Parks and Recreation Department's Summer Day Camp Policies and Procedures, and by initialing the following, I agree with the policies set forth:

_____ I have currently paid for and held a space for my child, and if I make alternate plans or change my mind about a camp, I will not receive a refund or credit.

_____ I have read the attached discipline policy and realize that if my child violates that policy, they will be removed from camp and I will not receive a refund or credit.

_____ It is my child's responsibility to keep up with their belongings. Any property or money lost by the child is not the liability of the Oak Island Parks and Recreation Department.

_____ The safety of the children in camp, the staff, and other parents are of the utmost importance to the Parks and Recreation Department and physical violence or verbal abuse of any kind will not be tolerated.

_____ This camp is for the benefit of the youth enrolled and is programmed to provide a positive impact on my child's life. I will not try to solve personal issues involving events occurring outside this camp with campers at this camp, or confront their parents at this camp.

_____ This camp involves both indoor and outdoor activities. The children involved in these activities are responsible for heeding reminders about sunscreen and breaks.

Failure to initial any of the above statements will result in your child not being able to begin camp with us.