



Oak Island Parks & Recreation Department
"The Oak Island Experience"
2019 Adult Day Camp
Registration Form

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

Camp Sessions: Check all that apply

Session One: June 10th - June 14th, 2019 OR Session Two: August 12th - 16th, 2019

Last Name: First Name: Middle Initial:

Age (as of June 1, 2019): Date of Birth: Sex: male / female

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

General Info:

Home Address: Home Phone #:

Email Address:

Participant's Physician:

Name: Address: Phone #:

Emergency Numbers: Please list two people who may be notified in case of emergency or illness. Please list a phone number where they may be reached during program hours.

Name: Address:

Phone #: Relationship to Participant:

Name: Address:

Phone #: Relationship to Participant:

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:

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4. Other Conditions: Check all that apply.

Motion Sickness Nosebleeds Hearing Impaired Fainting

Emotional Disturbance Wear glasses/contacts Sickle cell trait/disease

Other: _____

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5. Additional Information:

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

Are there any foods or drinks that you/ your participant cannot eat or drink? _____

Do you/ your participant have any physical activity restrictions? _____

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6. Immunization History: Check all immunizations received.

DIP Polio Measles Rubella Mumps

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

Participant Signature: x _____

Releases/Information

Emergency Medical Release: If emergency care is deemed necessary and my emergency contacts **CANNOT** be reached, I authorize the Summer Day Camp staff to act in my/ my participant's behalf in granting permission to receive medical treatment.

Signature of Participant: : x _____

If not, please state reason: _____

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Information about you/ your participant: Please give any information concerning you/ your participant that will be helpful in your/their 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 hereby give permission for my/ my participant to 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 Participant: : x _____

If not; please state reason: _____

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

Signature of Participant: : x _____

Participant Agreement

Policies and Procedures

1. The fees for the program are due at registration.
2. If I choose to withdraw myself/ my participant from camp for any reason, there will not be a refund or a credit.
3. I can't switch my myself/ my participant between camps even if they have to miss one camp they are registered for and there is a similar one offered. If I/ my participant miss camp, there will be no refunds or credits.
4. Requests to place myself/ my participant in a certain group or with certain campers will be considered but not guaranteed.
5. I will let a Summer Day Camp staff member know when I leave at the end of each day of camp.
6. If a medical emergency arises, the staff will first attempt to contact a provided emergency contact. If they cannot be reached, and if the emergency is such that immediate hospital attention is necessary, the staff will have myself/ my participant transported to the hospital.
7. If additional materials and equipment are needed for activities, parents will be notified.
8. There will be numerous trips throughout the summer. A weekly schedule of events will be posted for your convenience. If you/ your participant miss several days or you are unsure of the next day's events, we encourage you to call the Recreation Center at 910-278-5518.
9. A complete list of Day Camp Rules will be explained to you/ your participant. Failure to follow these rules may result in you/ your participant suspension from the program.
10. Participants will be asked to go home 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 you/ your participant is involved in an incident that requires disciplinary action, the following three-strike system will be implemented:

1st Offense- Verbal warning and discussion with you/ your participant

2nd Offense- Written warning, discussion with you/ your participant, and probation

3rd Offense- Discussion with you/ your participant and removal from camp without refunds

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

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 myself/ my participant, 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 I/ my participant violates that policy, they will be removed from camp and I will not receive a refund or credit.

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

_____ The safety of the participants in camp, the staff, and other community members 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 participants enrolled and is programmed to provide a positive impact on my/ my participant's life. I will not try to solve personal issues involving events occurring outside this camp with campers at this camp, or confront other participants at this camp.

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

I have read and understand the above information.

Participant Signature: _____ *Date:* _____

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