



Madison County Parks & Recreation
SUMMER CAMP 2021
APPLICATION (Ages 6-12)
***(completion of kindergarten)**
June 1 – July 23 2021

Full NAME of Child _____

Child's BIRTHDATE: _____ **Age:** _____ **Sex:** Male _____ Female _____

T-Shirt SIZE: CHILDREN: (SM) _____ (M) _____ (LG) _____
6-8 10-12 14-16
ADULT: (SM) _____ (M) _____ (LG) _____ (XL) _____ (2X) _____ (3X) _____

Children MUST WEAR Tennis Shoes ONLY! Under NO CIRCUMSTANCES are sandals allowed.

PARENT'S INFORMATION:

Mother's Name _____ or Legal Guardian _____ Address _____ City/State/Zip _____ E-mail Address _____ Home Phone _____ Cell Phone _____ Where Employed _____ Work Phone _____ Work Hours _____	Father's Name _____ or Grandparent's Name _____ Address _____ City/State/Zip _____ E-mail Address _____ Home Phone _____ Cell Phone _____ Where Employed _____ Work Phone _____ Work Hours _____
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TRANSPORTATION/RELEASE PLAN:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. **Please notice:** If you send a person to pick up your child that is not listed below, your child will not be released to that person unless prior arrangements were made with the Camp coordinator or Director. You or your authorized person to pick up your child may be asked to show a photo ID to ensure the right person is picking up the child.

EMERGENCY INFORMATION:

Name of person, other than camp coordinator and director, authorized to act for parent in an emergency.

Name _____ Where Employed _____ Work Phone _____ Cell Phone _____ Name of Physician _____ Address _____	Address _____ Work Hours _____ Home Phone _____ Office Phone _____
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Receipt# _____

(OVER)



DOES THE CHILD HAVE HOBBIES, TALENTS OR SPECIAL INTERESTS?

Describe _____

DOES CHILD HAVE A DISABILITY OR ANY SPECIAL NEEDS?

Describe _____

Is your child presently taking any medication? If so, which medicine(s)

Will this medicine have to be administered during camp hours? If so, describe _____

Does your child have allergies? Please describe

Food he/she is allergic to _____

Give below any other information you think we should know about your child. _____

**Madison County Parks and Recreation
REGISTRATION FORM AND RELEASE
RE: Transportation, Off Site Youth Events, Photos and Images**

Participant's Name: _____ DOB: _____

Address: _____

Home Phone: _____ Day Phone #: _____

I, the undersigned, hereby voluntarily release for myself and the participant Madison County, its employees, agents and representatives from any and all claims, loss, damages, injury, cost (including court costs and attorney fees), charges, liability and/or legal and monetary exposure, however caused, resulting from, arising out of, or in any way connected with the above referenced activity.

I understand the participant must sign a permission slip(s) specifically provided by Madison County Parks and Recreation in order to participate in this activity.

I have read this Release and have had the opportunity to consult with others regarding it and I understand the Release and understand the informational materials supplied to the participant, and I hereby voluntarily sign this Release knowing that the activity may include high risk activity which exposes the participant to severe injury.

I understand this Release absolves Madison County, its employees, agents, and representatives from any and all liabilities which arise out of this program. I understand that the participant participates in this program and all of its activities at the participant's own risk.

As the participant or parent/legal guardian of the participant, I agree that I have read the above Release and that I voluntarily agree to all terms set forth herein and that I am the participant or the duly authorized agent for the participant.

Furthermore I hereby grant full permission to Madison County and Madison County Parks and Recreation Department to use any photographs, videotapes, motion pictures, website images, recordings taken during day camp for its marketing, press and advertising purposes.

Participant: _____

Parent/Legal Guardian: _____ Date: _____



All injuries received by camp members, during camp hours will be documented by camp counselors, coordinator and/or director.

I do authorize emergency medical care and/or FIRST AID.

Parent(s)/Legal Guardian Signature _____ Date _____

Madison County Parks and Recreation Department does *not* provide accident insurance for the participants.

Name of Insurance Company _____

I/We the parents of the named participant of the Summer Camp do give my/our permission for my/our child to take part in the wholesome activities provided by the Camp.

I/We will assume all risks, and hazards incidental to participation in the activities of the camp.

I/We do hereby waive, release, absolved, identify and agree to hold harmless the **Madison County, Counselor, Camp Coordinator and Director** for any claim arising out of injury to my/our child while participating in the camp activities.

I/We undersign that all stated information is true to the best of my/our knowledge.

Parent(s)/Legal Guardian Signature _____ Date _____

SWIMMING:

Swimming will be available for camp members. There will be adequate lifeguards (as governed by the city's of Jackson policy) to ensure your child's safety. There will also be supervision by the camp counselors. **Your child (ren) must already know how to swim if you give him/her permission to take part in the swimming activity.**

Child's Name _____

I do give my child permission to take part in the swimming activity.

Parent(s)/Legal Guardian Signature _____ Date _____

I do **NOT** give my child permission to take part in the swimming activity.

Parent(s)/Legal Guardian Signature _____ Date _____

SUMMER CAMP HOURS/DAYS:

8:00 A. M.—5:00 P.M. MONDAY— FRIDAY

Closed on Friday July 2nd and Monday July 5, 2021.

Early arrival and late pick up available

Parent(s)/Legal Guardians will be REQUIRED to PAY a LATE FEE of \$1.00 for every minute that a child is left after 5:30 P.M.
Failure to comply will result in suspension of the child.

Breakfast 8:30—9:00 A.M., Lunch will be served from 11:30 A.M.—1:00 P. M.
PARENT MUST PROVIDE CHILD/CHILDREN SNACKS or SNACK MONEY
SNACK MUST BE NON-REFRIGERATED

NO child will be allowed to administer him/herself medication.

NO child will be allowed to have medication in his/her possession.

All medicine must be administered by CAMP DIRECTOR OR DESIGNEE.

NO child is to attend the camp if he/she has open sore(s), Ringworms, any noticeable cut or abrasion, break-outs, or allergic reactions. It is imperative that the camp director be notified if such should occur after the child is in the camp.



DRESS CODE

All campers must wear sneakers: no sandals or flip-flops allowed.
Campers will be provided a camp T-shirt that must be worn on all field trips.
Modest swimsuits, shorts, T-shirts, and other appropriate apparel are permitted.
No oversized or undersized clothing is acceptable.

CAMP DIRECTOR/COUNSELOR USE:
