2011 Kids In Camp Registration Form

Roanoke County Parks, Recreation & Tourism

Part A: Child & Family Information (please PRINT clearly in ink and use a separate form for each child)

My child will attend KIC at **Cave Spring**/**Penn Forest** weeks 1-9 ___ **OR** (check weeks below):
week 1___ week 2___ week 3___ week 4___ week 5___ week 6___ week 7___ week 8___ week 9___
(see attached schedule for dates of each week)

Childs T-shirt size - Youth: S___ M___ L___ Adult: S___ M___

Child's Full Name_____Nickname_____
Child's Home Address_____Zip_____
Phone_____Birthdate___/___/___Age____Sex____Grade (**8/11**)_____
Custodial Parent(s)/Guardian(s) Name(s)_____
Address_____Zip_____
Home Phone_____ E-mail _____
Father's Work Phone_____Cell Phone_____ Father's DOB_____
Mother's Work Place _____CellPhone_____ Mother's DOB_____
List any non-custodial parent who may NOT pick up your child:_____
(must provide copy of custodial agreement)
***NOTE: any non-custodial parents/guardians who will be picking up children must be listed in PART B below.

*PLEASE WRITE **N/A** IF ANY OF THE FOLLOWING QUESTIONS DO NOT APPLY:*

Does your child have a history of health/medical problems that the Camp Staff should be aware of?
_____
_____

Does your child have any disabilities? (In accordance with ADA, we will make reasonable accommodations to insure the best possible experience for every child)
_____
_____

Please list any medications your child uses including inhaler & epipen:
_____
_____

Please list any known allergies (medications, bee stings, foods, sunscreen, etc) and any specific actions to be taken in the event of an allergic reaction:
_____
_____

Family Doctor_____Phone_____
Address_____ City_____ State_____ Zip_____

Part B: Emergency Contacts

List at least two persons **other than parents** approved for pick-up* who may also be contacted in case of an emergency (**name, relationship to your child, address & phone**; **must be at least 16 years old and live within 30 minutes of Roanoke):**
Name_____ Relationship _____
Address _____ City_____ State___ Zip_____Phone_____

Name_____ Relationship _____
Address _____ City_____ State___ Zip_____Phone_____

***Children will NOT be permitted to leave with anyone unless their name is on the approved list.**

Part C: Has your child been previously enrolled in ASK or KIC? ___YES ___NO. If yes, what is the most recent year s/he was enrolled? _____. If **YES**, please skip to Part E below; if **NO**, please continue with Part D.

Part D: Assumption of Risk & Indemnification Agreement

I, the undersigned, do hereby agree to allow the individual named herein to participate in the aforementioned activity. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. With regard to the activity to which this form applies, nothing shall be construed to grant an expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons conducting this program. Roanoke County recommends that participants secure adequate medical insurance to cover any injury that may arise from participation in Roanoke County's recreation programs. In signing this form, I have read and understand all the attached policies concerning the Kids In Camp (KIC) Program.

Signature_____Date_____
___Parent ___Guardian

Part E: Photogragphy Release

I, the undersigned, hereby give permission for my child,_____to be photographed while participating in Roanoke County Recreation programs, and I give this department permission to use or distribute such photo and identification. I understand this consent complies with section 8.01-40 of the Code of Virginia.

Must check yes or no: yes___ no___

Signature_____Date_____
___Parent ___Guardian

Part F: Parent/Guardian Notification of Sick Child

The Kids In Camp Program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Kids In Camp Program.

Part H: Authorization to Obtain Emergency Medical Care

The parent(s)/guardian(s) authorize the Kids In Camp Program to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

Part I: Please enclose $25 **non-refundable** deposit for each week of camp listed in Part A. Make check payable to: Treasurer of Roanoke County. Non-refundable balance due one week prior to the start of each camp week.

Return completed registration form, deposit, signed permission slip & sunscreen authorization for to:

Kids In Camp
900 Chestnut Street
Vinton, VA 24179
540-857-5035

Part B continued:Kids In Camp Additional Pick Up List

For additional individuals allowed to pick up your child, please list below. Include name, relationship to your child, address and phone number.

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

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City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City_____ State_____ Zip_____

Relationship: _____

Work/Home Phone: _____

KIC

(Kids In Camp)

Field Trip Permission Slip/Swimming Abilities

Roanoke County Parks, Recreation & Tourism

*please complete a separate form for each child

My child, _____, has permission to travel on all field trips with the 2011 KIC (Kids In Camp) Program. A schedule of all field trips is included in the registration packet and will be posted at your childs KIC location. Transportation for all field trips will be provided by Roanoke County School Bus. Children will be supervised by KIC staff at all times.

_____
Parent/guardian

_____ _____
Signature date

My child's _____swimming abilities are:
Child's Full Name

___ cannot swim at all; must be closely supervised in shallow (3') end

___ can swim in shallow end (3')

___ can swim in up to 5' water

___ can swim in deep end (up to 8')

All children must demonstrate to KIC staff their ability to swim the width of the pool in the 3' section without stopping before being allowed to swim in deeper sections of the pool.

*please return completed permission/swimming abilities form with KIC registration form

Sunscreen Authorization

Dear KIC Parents:

The Kids In Camp Program will be going swimming at least once a week and on various outdoor field trips. Sunscreen is a necessary precaution and a bottle is kept in the first aid bag at all times. The brand that we use is Banana Boat for Kids SPF 50, which is Paba-free. Please sign below authorizing our staff to apply sunscreen to your child (ren). Also if your child has any adverse reactions to sunscreen please note that in the space provided below. Thank you.

Jim Basham
Youth Services Programmer
Kids In Camp, Director

Adverse reactions to sunscreen:

_____

_____

_____

I _____ authorize Kids In Camp staff to apply sunscreen
Parent/guardian signature
to my child(ren) when necessary.