

Date _____
CA__ C/C __ CK__
Receipt # _____
Registrar _____

**SOUTH KINGSTOWN PARKS AND RECREATION
DISCOVERY CAMP REGISTRATION FORM**

PEACE DALE SCHOOL SITE AGES 6 & 7

*age as of September 1, 2010

CAMPER'S FULL NAME: _____ MALE / FEMALE

MAILING ADDRESS: _____

TOWN: _____ ZIP: _____ HOME PHONE: _____

DATE OF BIRTH: ____/____/____ SHIRT SIZE _____ YOUTH / ADULT

GRADE & SCHOOL ENTERING IN SEPT. 2010: _____

PARENT / GUARDIAN (S) FULL NAME (S):

1) _____ Work _____ Cell _____

2) _____ Work _____ Cell _____

SESSION I June 28 – July 23 No camp July 5
4 weeks **Please note: Refunds will not be issued after Wednesday, June 23.**

____ 3400.210 Peace Dale 8:00 a.m. – 3:00 p.m. \$200 R / \$220 NR
____ 3401.210 Peace Dale 8:00 a.m. – 5:30 p.m. \$275 R / \$295 NR Extended Program

SESSION II July 26 – August 13 No camp August 9
3 weeks **Please note: Refunds will not be issued after Wednesday, August 4.**

____ 3406.220 Peace Dale 8:00 a.m. – 3:00 p.m. \$150 R / \$170 NR
____ 3407.220 Peace Dale 8:00 a.m. – 5:30 p.m. \$200 R / \$220 NR Extended Program

FOR AGES 6 – 8

SESSION III August 16 - August 20
1 week **Please note: Refunds will not be issued after Wednesday August 11.**

____ 3412.230 Peace Dale 8:00 a.m. – 3:00 p.m. \$65 R / \$85 NR
____ 3413.230 Peace Dale 8:00 a.m. – 5:30 p.m. \$80 R / \$100 NR Extended Program

SESSION IV August 23 - August 27 - **NO EXTENDED PROGRAM**
1 week **Please note: Refunds will not be issued after Wednesday, August 18**

____ 3416.240 Peace Dale 8:00 a.m. – 3:00 p.m. \$65 R / \$85 NR

Please complete both sides of form – Incomplete forms will not be processed

DISCOVERY CAMP - MEDICAL FORM - 2010

Child's Full Name _____

Should an "emergency" arise with your child and camp staff are unable to reach you, they will attempt to contact one of the persons listed below:

1) FULL NAME _____ RELATIONSHIP TO CHILD _____

HOME # _____ CELL # _____ WORK # _____

2) FULL NAME _____ RELATIONSHIP TO CHILD _____

HOME # _____ CELL # _____ WORK # _____

In an attempt to help safeguard your child and to help them have a better experience at camp, we would like to ask for your cooperation in completing the following information. If there is any information regarding your child that you wish not to disclose in writing, you may speak to the Recreation Supervisor or Camp Director.

-Please List **ALL** allergies that your child has including animals, insects, foods, medication, etc: _____

-If there are procedures that staff should follow should your child have an allergic reaction please list:
(For example; if he/she is allergic to bees, do they carry an Epi-Pen with them and do they know how to use it?)

-List any/all medication that the participant is taking and if your child will be taking it/them during camp hours.
(Please note; that if staff is not familiar with the type of medication, they may inquire as to what it is for).

-Is the participant under Dr. or medical care? Yes ____ No ____ If yes, please explain:

-Should the participant's activities be limited or restricted in any way? If yes, please describe: _____

Please complete both sides of form – Incomplete forms will not be processed

CHILD RELEASE PROCEDURES: Please check one child release procedure.

Child's Full Name _____

_____ **Option A: Open Release:** Child is allowed to leave at the conclusion of the activity.
My child may (please check all that apply) Walk home: _____ Ride his/her bike: _____

_____ **Option B: General Release:** Child is allowed to leave at the conclusion of the activity with an adult.
If adult is other than parent/guardian listed, please use the lines below for those names.

_____ **Option C: Restricted Release:** WE SUGGEST THAT YOU USE THIS OPTION ONLY FOR EXTREME CIRCUMSTANCES (ie: custody issues, court ordered issues, etc). By checking this option your child will **ONLY** be released to an adult on the authorized list below. The individuals on the authorized list **must sign the child out with a staff person** and **will be** required to show proof of identification. **Please note;** if an individual is not on the authorized list and/or does not have proof of identification, the child will not be released until permission is obtained from a parent/guardian. Please note that you must list yourself (the parent).

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing South Kingstown Park and Recreation Department activities.

In CONSIDERATION of the acceptance of the application for entry into Discovery Camp, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in Discovery Camp. This release is intended to discharge in advance the Town of South Kingstown, the Town Council, the South Kingstown Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in Discovery Camp.

I have read the description in the brochure/guide of Discovery Camp for which I have registered and I am aware that this program subjects me to physical risks and dangers. Nevertheless I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above.

It is understood and agreed that this waiver, release and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS. Please refer to the brochure for refund policies or call the Guild with any questions.

Signature of Parent / Guardian / Registrant: _____ Date: ____/____/____

*Parent or guardian must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Signature also indicates that the registrant has received and read the Discovery Camp Guidelines (additional copies are available in the bins on the wall where flyers are located) and is aware of the camp rules. Registration is not complete without signature.

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DISCOVERY CAMP - GUIDELINES - 2010

Discovery Camp guarantees a summer featuring exciting trips, special events, arts and crafts, sports and new games for children ages 6 – 12 (age as of September 1, 2010). A professionally trained staff with a minimum of 15 to 1 participants/supervisor ratio will supervise all playgrounds. Some important information regarding Discovery Camp is outlined below. Please feel free to contact the South Kingstown Parks and Recreation Department at (401) 789-9301 if you have any questions.

Discovery Camp will operate June 28 – August 27 from 8:00 a.m. to 3:00 p.m. Monday – Friday. Extended hours (3:00 p.m. – 5:30 p.m.) are available during Sessions I, II and III. **Camp will not operate on July 5 or August 9.**

Scholarships are available for South Kingstown residents who qualify for the South Kingstown School Department's Free Lunch Program (40% reduction in fees) or Reduced Lunch Program (20% reduction in fees). Scholarship applications are available at the Neighborhood Guild.

Transportation is not provided for this program, with the exception of field trips and busing for the extended hours program. South Kingstown Parks and Recreation is not responsible for participants until they are signed in with staff.

In the event of rain, Discovery Camp will operate indoors. **Rain locations** are Peace Dale Elementary School and Wakefield Elementary School; Old Mountain Field Camp will meet in the South Kingstown High School gym.

Field trip fees and special activity fees (ice cream/popsicle day, pizza day, etc) fees are NOT included in the registration fee.

Field trips and special activities may be limited due to bus size and specific age groups. Field trips will be publicized in advance and reservations made on a first come first pay basis. Space on each field trip cannot be guaranteed. Youngsters not attending field trips may sign up to attend another campsite on the day of the trip. ALL campers must sign up and pay in advance. (NOT ON THE DAY OF). Fees must be in cash and correct change would be greatly appreciated. Checks WILL NOT be accepted. Campers will not be allowed to attend another campsite without prior notification.

Parents will be notified if child becomes ill.

Disciplinary Procedure: A three-step process will be followed if the staff feels the behavior warrants discipline: Staff will contact parent to discuss problem. Child will be suspended from the program for a determined amount of time. If the problem persists, the child will be dismissed for the remainder of the program.

Any participant found to be in possession of a weapon or involved in an assault will immediately be suspended from the program. The suspension will last for a **minimum** of five (5) consecutive days, the number of days will depend on the severity of the incident. An assault is defined as an act of physical violence or an aggravated threat of physical violence to another, whether participant, staff member or any other person on camp grounds. Camp grounds include, but are not limited to, property owned by the town, areas around the camp, parking lots, camp sponsored events (on or off the camp ground) and school busses. In all cases of weapons or violence at camp, local police will be informed and all confiscated weapons will be turned over to the South Kingstown Police Department.

The staff may limit or exclude participation based upon stamina, maturity and/or age restriction. Due to the number of participants, Discovery Camp cannot provide individualized attention and supervision. Participants will be asked to stay within the supervised area. If participants are intentionally leaving the area of supervision, parents will be notified and the disciplinary procedure will be followed.

Discovery Camp is not a licensed day care nor is the Town of South Kingstown licensed to provide child care services through the Department of Children and Youth and their Families (DCYF). As such, the Town can not provide a Federal Employer I.D. # for tax purposes.

Signature of Registrant* _____ **Today's Date** ____/____/____

*Parent or guardian must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Signature also indicates that the registrant has received and read the Discovery Camp Guidelines (additional copies are available in the bins on the wall where the flyers are located) and is aware of the camp rules. Registration is not complete without signature.

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