

# Day Camp 2022-2023

## Registration Form

### STUDENT AND FAMILY INFORMATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age \_\_\_\_\_  Male  Female School \_\_\_\_\_

Grade in Fall of 2022 \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Church \_\_\_\_\_

Allergies (Including Dietary), Health Concerns, Activity Restrictions: (Please list all that apply)

**Parent/Guardian #1** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ May we text this number? Y / N Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell Phone \_\_\_\_\_ May we text this number? Y / N Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMERGENCY CONTACT

In the event of an emergency and you cannot be reached, please give a name and phone number of an Authorized/Designated individual to make emergency decisions.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

### MEDICAL AND INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

PCP: \_\_\_\_\_ Phone # of PCP: \_\_\_\_\_

Is your child bringing any medication with him/her? \_\_\_ Yes \_\_\_ No

(If so, what medication and what times to take medication) \_\_\_\_\_

**All prescription and non-prescription medication should be brought to the Auditorium Theater in original containers.** A Roc City Impact staff member will administer the medicine based on your schedule above. Medications will be kept at camp all summer unless directed otherwise. *I give my consent to Roc City staff to administer* the following over-the-counter medication to the above named child in the prescribed dosage and time increments indicated by the medication's package label. I also give permission to Roc City Impact staff to treat my child for minor First Aid injuries such as cuts and scrapes. Check the following over-the-counter medication Roc City Impact staff is allowed to administer:

Ibuprofen \_\_\_ Aspirin \_\_\_ Tylenol \_\_\_ Advil \_\_\_ Benadryl \_\_\_ Pepto-Bismal \_\_\_\_\_

### Personal Information

Has your child experienced any emotional or physical trauma in the last year? And/or shown any recent behavioral problems at school or home? If so, please explain.

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## **CAMP POLICIES**

### **Discipline Policy**

Roc City believes in creating a safe and loving atmosphere. The discipline policy is based on respect – respect for staff, others, property, and self. I understand that during the camp day, disciplinary actions may occur if my child does not promote a loving atmosphere. I give permission to Roc City Impact staff members to follow the Roc City Discipline Policy which includes: Warning, Time Out of Class/Activity, Sent to Office, Phone Call Home, Sent Home. **Dangerous, destructive, and defiant behavior will result in suspension.** ROC City Impact has a zero tolerance policy for fighting.

### **Photo Release**

I understand that pictures and video will be taken at camp to use in promoting Roc City Impact to funders, individual donors and supporters, newsletters, flyers, and website. I give permission for photographs and videos of my child to be used by Roc City and its partners and funders.

## **RELEASE SIGNATURES**

### **Emergency Medical and Liability Release**

My signature indicates that in the event that 1) a parent or legal guardian or emergency contact identified above cannot be reached or 2) if immediate medical attention is necessary, I consent to have the Roc City Impact staff and leaders act on my behalf and I hereby grant permission for emergency treatment to be administered until a parent/guardian or emergency contact can be reached. I agree not to hold Urban Impact or any staff leader liable for decisions for emergency medical treatment made under this authorization, for any accident or loss to the student, however caused.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Permission Release**

My signature indicates that I have read and do agree to the conditions listed on this form, and that I have given accurate and necessary information regarding the above named child. I give consent to the items listed above: Medical Distribution, Field Trips, Discipline, and Photo Release.

Signature \_\_\_\_\_ Date \_\_\_\_\_