

**Fletcher Parks & Recreation Department
Summer Day Camp 2010
Application**

Note: Child must have finished kindergarten by camp begin date and not turn 12 by camp end date

Name of Child: _____ Age (as of start of camp): ____ D.O.B. _____

Mailing Address: _____ City _____ Zip Code _____

Street Address (if different) _____ City _____ Zip Code _____

Resident: ____ Non-Resident: ____ **(If you pay Fletcher Taxes you are a Resident)**

School: _____ Male: ____ Female: ____ Grade: _____

Name of Parent\Guardian: _____

Home Phone: _____ Work Phone _____ Pager/Cell: _____

Email Address: _____

EMERGENCY INFORMATION:

◆ Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Pager/Cell: _____

◆ Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Pager/Cell: _____

In case of emergency transport to: _____

***Please list the person(s) who will pick-up your child, i.e.;**
grandparents, aunts, include yourself.
Your child will not be allowed to leave with anyone who is not on the list,
unless notified by parent in writing.*

I have been made aware and agree to the terms for drop-off and pick-up as stated in the Fletcher Summer Day Camp Handbook. I understand that this policy and any fees apply to not only myself, but to anyone else authorized to pick up my child. I agree to pick up my child within one hour of notification due to misconduct or illness. I have read and agree to abide by all other rules set forth in the Parent Handbook.

Parents Signature

Date

FLETCHER SUMMER DAY CAMP 2010
INFORMATION ABOUT YOUR CHILD: (will be kept confidential)

-Has your child ever attended **this** camp before: _____Yes _____No

-Has your child ever attended **day** camp before: _____Yes _____No

-Does your child have any allergies, physical, mental, behavioral or emotional conditions that would restrict his\her camp activities? _____Yes _____No
If yes, please explain:

-List any medications your child is currently taking and if administration of medications needs to be allowed during camp. Note: Staff cannot administer ANY medication to any camper including prescriptions and aspirin.

-Please note any diet restrictions. On days Fletcher Day Camp provides a meal for the campers you will be notified. If your child is not permitted to eat the food we provide, it is up to you to let your child know this and provide them with an alternative meal.

-Please list any extreme fears or reactions that may prohibit your child from taking part in camp activities or their enjoyment of the camp experience.

In consideration of my/my child's participation in the aforementioned Fletcher Parks & Recreation program/activity (including travel), I hereby discharge and release the Town of Fletcher, the Parks & Recreation Department, and any and all employees or agents thereof of all claims of any kind or nature whatsoever arising out of the actions of the employees or agents, to the extent allowed by law. I have informed the Parks & Recreation Department's staff of any physical conditions that may hinder my child's participation in the program/activity. I know that if my child does become sick at camp, I must pick them up within one hour of being notified.

I have read the camp rules and understand all camp requirements.

Signature: _____ Date: _____

FLETCHER SUMMER DAY CAMP 2010
Insurance Information

Child's Name: _____ D.O.B. _____

Parent\Guardian: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Physician Information:

Pediatrician' Name: _____

Phone: _____

Address: _____ City: _____ Zip: _____

Insurance Information:

Health Insurance Provider: _____

Policy Number: _____

Phone Number: _____

Address: _____ City: _____ Zip: _____

Dental Information:

Dentist's Name: _____

Dental Insurance Provider: _____

Policy Number: _____

Address: _____ City: _____ Zip: _____

Phone: _____

**Please include any other information we would need
In case of an emergency on the back of page.**



**Fletcher Summer Day Camp
Program Liability Waiver**

- 1) **Waiver and Release.** The participant and guardian releases and discharges the Town of Fletcher and its successors from any and all liability, claims and demands of whatever nature, either law or in equity, which arises or may here after, arise from the participants involvement with the Town of Fletcher.
- 2) **Insurance.** The participant understands that we expressively waive any such claim for compensation or liability on the part of the Town of Fletcher beyond what may be offered freely by the representative of the Town of Fletcher in the event of such injury or medical event.
- 3) **Medical Treatment.** The participant and guardian hereby release and discharge the Town of Fletcher from any claim whatsoever or which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with an emergency during the minor's time with the Town of Fletcher.
- 4) **Sunscreen.** I give permission for a staff member of Fletcher Summer Day Camp to apply sunscreen as needed to my child.
- 5) **Assumption of Risk.** The guardian understands that the minor's time with the Town of Fletcher may include local transportation to and from sites and programmed indoor and outdoor activities.
- 6) **Photographic Release.** As the guardian of said minor, I grant and convey unto the Town of Fletcher all right, title and interest in any and all photographic images as well as audio or video recordings made by the Town of Fletcher during the minor's programmed time with the Town of Fletcher.
- 7) **Discipline Prodedures.** I agree to the terms of discipline as stated in the Fletcher Summer Day Camp Handbook. I have been made aware that if called, I must be available to pick my child up from camp early and within an hour of notification.

Participants Name: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Date: _____

Parks & Recreation...benefits abound!

FLETCHER SUMMER DAY CAMP 2010
Field Trip Permission Form

The Fletcher Summer Day Camp includes weekly local and out of the Town of Fletcher field trips. Activities and field trips are planned ahead of time and alternate throughout the summer depending upon the chosen weekly theme and availability.

Field Trips Currently Scheduled:

- Cane Creek Pool
- AMF Star Lanes
- Skaters Choice
- Beaucatcher Movie Theater
- Cherokee Indian Reservation
- Waynesville Indoor Water Park
- Cradle of Forestry
- Hollywild Zoo
- Full Moon Farm
- Emerald Village Gem Mining
- Fun Depot
- Black Mountain Chocolate
- Pisgah Wildlife Center
- WNC Nature Center
- Chuck E. Cheese's
- Lake Lure Beach/Works
- Chik-fil-a

List of field trips stated here are subject to change. Dates, destinations and details will be listed in the camp schedule received at the beginning of camp. There will be no refunds or discounts for any week in the event of a cancelled or changed field trip.

By signing this form, I state that my child has permission to go on all field trips, both local and out of town, with the Fletcher Summer Day Camp. In cases of emergency, I give permission to the Day Camp Staff to seek appropriate medical attention for my child. I understand no other permission form will be sent home regarding these trips.

Child's Name: _____

Parent's Signature

Date

NO CHILD WILL BE ALLOWED TO PARTICIPATE IN THE FIELD TRIP ACTIVITIES WITHOUT THE PERMISSION FORM ON FILE.

FLETCHER SUMMER DAY CAMP 2010
Swimming Policies

At least once a week, all campers will go swimming. If a child is in need of a swim jacket, you are responsible for providing it. Every child granted permission to swim in deep water (above your child's chest level) will be required to pass a swim test. No child will be allowed to enter water unless there is proper supervision (a 10:1 ratio of children to adults). No rafts, toys, boogie boards, or noodles are allowed on trips. Arm floats and swim vests are permissible. Your child will be responsible for their own items at all times.

Please note the swimming capability level your child has in the water.

- My child is afraid of the water.
- My child cannot swim but is comfortable in water up to waist level.
- My child can only swim with the aid of a flotation device.
- My child can only swim with their head above the water.
- My child can put their head under water, but is not a strong swimmer.
- My child is comfortable swimming in deep water.
- My child is a strong swimmer.

I grant my child permission to take a swim test and upon passing allow my child to swim in deep water (above chest level) under proper supervision.

Child's Name

Parent's Signature/Date

OR

Do not allow my child to enter water above chest/waist (circle one) level.

Child's Name

Parent's Signature/Date