



## 2019 Camp APRD

### REGISTRATION/EMERGENCY INFORMATION

This form is to be completed by May 20, 2019 and sent via email to [chelsey.latimer@appleton.org](mailto:chelsey.latimer@appleton.org) or mailed to Chelsey Latimer 1819 E. Witzke Blvd. Appleton, WI 54911

NAME OF CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE (Fall '19) \_\_\_\_\_

#### PARENTS/GUARDIANS WITH WHOM THE CHILD RESIDES:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WORK HOURS: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS YOU WISH TO BE CONTACTED ON: \_\_\_\_\_

#### PERSONS TO CONTACT IF PARENTS ARE UNAVAILABLE

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT FORM AND HEALTH CARE INFORMATION**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Appleton Hospital Preferred:** \_\_\_\_\_

**Date of Last Tetanus:** \_\_\_\_\_ **Are all immunizations current? Yes No** (Please specify) \_\_\_\_\_

**Allergies:** (please include drug, food, insect, etc.) \_\_\_\_\_

**Present Medication:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Holder's I.D.:** \_\_\_\_\_

**Please list significant illnesses and surgeries child has had (give age at time):**

Attach additional sheets as needed

**Does your child have any physical condition or disability which our staff should be aware of? Would this restrict his/her activity? Please explain condition and accommodation required:**

**Is this child subject to any condition which limits classroom or physical activities?**

**Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? For behavior conditions please explain approach used at home/school to correct:**

**Other information you would like to share:**

**THIS CONSENT GIVES PERMISSION FOR MEDICAL CARE IN PARENTAL/GUARDIAN ABSENCE AND MUST BE PRESENTED UPON ADMISSION FOR TREATMENT. EVERY EFFORT WILL BE MADE TO NOTIFY THE PARENT/GUARDIAN IMMEDIATELY IN CASE OF EMERGENCY, ILLNESS, OR INJURY. IN THE EVENT THAT THE PARENT CANNOT BE CONTACTED OR ARRIVE AT CAMP APRD IN AMPLE TIME, THE CHILD WILL BE TRANSPORTED BY AMBULANCE.**

**IN THE EVENT THAT MY CHILD REQUIRES MEDICAL OR SURGICAL CARE WHILE I AM OUT OF THE CITY OR UNABLE TO BE REACHED, I HEARBY CONSENT TO MEDICAL OR SURGICAL TREATMENT BEING PROVIDED TO MY CHILD AS DEEMED NECESSARY BY ANY ATTENDING HEALTH PROFESSIONAL. I AGREE TO PAY ALL COSTS AND FEES ARISING OUT OF ANY EMERGENCY CARE AND/OR TREATMENT FOR MY CHILD AS RENDERED OR AUTHORIZED PURSUANT TO THIS CONSENT. THIS CONSENT WILL BE IN EFFECT FROM JUNE 10, 2019 – AUGUST 9, 2019.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Review by: \_\_\_\_\_ Review date: \_\_\_\_\_ Review by: \_\_\_\_\_ Review date: \_\_\_\_\_ Review by: \_\_\_\_\_ Review date: \_\_\_\_\_

Child's Name \_\_\_\_\_

**Camp APRD weekly field trips – please circle/highlight all weeks that apply to your child**

Week 1	June 10-14	New Zoo
Week 2	June 17-21	1000 Islands – Cray Fishing
Week 3	June 24-28	Bay Beach & Wildlife Sanctuary – Rides
Week 4	July 8-12	Sherwood Splash Pad and Park
Week 5	July 15-19	Plamann Park – Disc Golf and Inflatables
Week 6	July 22-26	Sky Zone and Movie
Week 7	July 29-August 2	Badger Sports Park – UNLIMITED GAMES
Week 8	August 5-9	Lambeau Field & Titledown District

**Camp APRD weekly trip to Erb or Mead Pools**

To get out of the summer heat this week, included in the camp fee is a trip to Erb or Mead Pools in Appleton. All campers should come to camp at normal time and we will leave after lunch. We will be utilizing a private bus company for transportation to the pool, but please note that we will NOT be returning to camp, so **be sure to pick up camp participants at the pool at the regular time.**

Please describe your child's level of swimming experience below:

\_\_\_\_\_

**NOTE THAT PICKUP FROM CAMP WHEN WE SWIM AT THE POOL WILL BE AT THE REGULAR TIME AT THE POOL, NOT AT APPLETON MEMORIAL PARK**

**PHOTOS**

Registrants and participants permit the taking of photos and videotapes of themselves and their children during City of Appleton sponsored activities for publication and use, as the department deems necessary. These photos will be shared weekly. \_\_\_\_\_ Initial

**HOLD HARMLESS and TRAVEL AUTHORIZATION AGREEMENT FOR PARTICIPANT BY PARENT**

I give permission for my child, \_\_\_\_\_, to accompany Appleton Parks and Recreation Camp APRD personnel on various program field trips by foot or bus (city or school). I understand that I will be notified by a handout and/or posted message before each trip.

In consideration of accepting my child's entry into the Appleton Parks and Recreation's Camp APRD program, I hereby, for myself, my child, his or her heirs, executors, administrators, assigns and the like, indemnify, defend and hold harmless from and against the City of Appleton and its officers, directors, officials, employees, agents, and the like for any and all injuries suffered by myself or my child arising in any way out of his or her participation in the Camp APRD Program or related programs except when such injury is directly caused by the sole negligence of the City of Appleton.

I understand that the rules of the Camp APRD are designed for the well being and safety of the children participating, and failure to comply with these rules may result in suspension from program activities.

I have read the above and understand that I may be giving up certain legal rights on behalf of myself and my child. Giving this adequate consideration, I am freely and voluntarily signing this Agreement.

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