

NEISD 2018-2019 KIDS' CAMPS

REGISTRATION FORM

CAMP ATTENDING:

CAMPER INFORMATION

\_\_\_ November 2018 \_\_\_ December 2018 \_\_\_ January 2019 \_\_\_ February 2019 \_\_\_ March 2019

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

GRADE COMPLETED: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

T-SHIRT SIZE: **YOUTH** XS SM MED LRG XLRG  
**ADULT** SM MED LRG

SIBLING(S): \_\_\_\_\_

GRADE COMPLETED: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

T-SHIRT SIZE: **YOUTH** XS SM MED LRG XLRG  
**ADULT** SM MED LRG

SIBLING(S): \_\_\_\_\_

GRADE COMPLETED: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

T-SHIRT SIZE: **YOUTH** XS SM MED LRG XLRG  
**ADULT** SM MED LRG

PARENT/GUARDIAN CONTACT INFORMATION

\_\_\_ Sibling Discount (15%)

\_\_\_ NEISD Employee Discount

Employee Number: \_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_  AUTHORIZED PICK-UP

ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_  AUTHORIZED PICK-UP

ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE LIST ANYONE IN ADDITION TO PARENT(S)/GUARDIAN(S) WHO ARE AUTHORIZED TO PICK UP YOUR CHILD: (AN ID WILL BE REQUIRED AT TIME OF PICK-UP)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

Are there any custody orders that limit access of any parent (or other person)?  Yes  No (If Yes, an updated copy of the court order/decreed must be on file in our main office.)

### EMERGENCY INFORMATION

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I understand that I will be notified in the case of an emergency involving my child. In the event that I cannot be reached, I authorize Kids' Camps personnel to notify the emergency contacts listed above and provide the necessary medical services in the event my child is injured or becomes ill. Parent/Guardian Initials \_\_\_\_\_

### MEDICAL INFORMATION

Does the camper(s) have any health concerns our staff need to be aware of?  Yes  No

If yes, please specify:

\_\_\_\_\_

Is the camper(s) presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes  No If yes, explain: \_\_\_\_\_

Allergies?  Yes  No If yes, what type? \_\_\_\_\_

Please check if applicable:  Asthma  Diabetes  Epilepsy/Seizure Disorder  Heart Condition  Autism

Other: \_\_\_\_\_

List any medication the camper(s) takes on a daily basis: (*Please note: There will be no nurse available at camp.*)

\_\_\_\_\_

Will staff be required to administer medications?  Yes  No (*If yes, consent form must be completed*)

### PERMISSION TO ATTEND FIELD TRIPS

I am the parent/guardian of the camper(s) named above:

- HAS/HAVE my permission to attend the field trips to the designated sites, BAC swim days as scheduled.
- DO/DOES NOT have my permission to attend the field trips to the designated sites, and BAC swim days as scheduled. Care/supervision will not be provided at the camp sites if camper(s) DO/DOES NOT have permission to attend, parents/guardians must make alternate arrangements.

Parent/Guardian Initials \_\_\_\_\_

The undersigned Parent/Guardian (hereinafter, "I") understands that one or more teachers/chaperones will accompany the students on the field trip, and that normal precautions will be taken in their interest for safety and wellbeing.

School districts are immune from liability except when property damage, personal injury or death is caused by a district employee's negligent operation of a motor vehicle while performing district duties. As a result, and as a general rule, the District cannot pay for medical treatment for injuries resulting from activities not directly related to the use of motor vehicles. In case of emergency, I give my approval and authorization for first-aid treatment and any medical treatment of the student named above (the "Student") by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during medical treatment. I hereby agree to release North East Independent School District and its trustees, employees, volunteers, and sponsors (collectively, the "Indemnitees"), and to indemnify and hold the Indemnitees harmless from, all claims, liabilities, and expenses, (including (a) claims made by the student named above after reaching the age of majority, and (b) claims for damages caused in whole or in part by the negligence of the Indemnitees) relating in any way to the student's participation in the field trip identified herein. **\*Kids' Camps reserves the right to cancel or reschedule (time permitting) field trips in the event of inclement weather or conditions beyond our control.**

### ADMINISTRATION OF MEDICINE/MEDICAL RELEASE

A medication administration request from must be submitted before the start of camp. When it is necessary to administer medication during camp hours, the following procedures must be followed:

- \*A parent/guardian or responsible adult designee must bring the medication to camp.
- \*All medication must be in the **PRESCRIPTION/ORIGINAL CONTAINER** clearly labeled with the student's name, the name and dose of medication, and directions for administration. Parents must provide all medications.
- \*The Medication Administration Request must be completed by the physician each camp and when there is a medication and/or dose change. Prescribing physicians must be licensed to practice in the state of Texas.
- \*Only FDA approved pharmaceuticals manufactured in the United States will be administered. **HOMEOPATHIC PREPARATIONS WILL NOT BE ACCEPTED.**
- \***MEDICATIONS WILL NOT BE SENT HOME WITH STUDENTS.** All medication must be picked up by a parent/guardian or adult designee. Medication will be administered under the supervision of the camp director.

I, give permission for my child/children to receive emergency medical care that may be deemed needed by Kids' Camp personnel for the treatment of an injury that may incur while in the program's activities or swimming on premises or elsewhere. I understand that I will be contacted or my emergency contact before or immediately after such emergency treatment is rendered.

Parent/Guardian Initials \_\_\_\_\_

### PHOTO RELEASE

During camp, opportunities arise to provide positive information and publicity about our program and events to the general public or specific audiences. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film campers for news or non-profit publications, television or radio broadcasts, or for educational information and training various publications and brochures printed by the North East Independent School District and parent-teacher organizations.

Permission is needed for campers to be the subject of any news media publicity or included in district publications.

I am the parent or guardian of the camper(s) named above:

- HAS/HAVE MY PERMISSION** (Permission remains in effect unless revoked in writing by the parent/guardian).
- DO/DOES NOT HAVE MY PERMISSION** to be interviewed, photographed, and/or filmed for public information for use in the news media, professional education information, or any other non-profit publication for public use (e.g. newsletters, promotional videos).

Parent/Guardian Initials \_\_\_\_\_

### WAIVER OF LIABILITY

The NEISD/Kids' Camp Summer Program provides service for children during the 2017-2018 school year. All our staff is trained to provide the maximum protection for your child while in our care. Even with all of the safeguards in place injuries can occur. As a parent/legal guardian of the above name child/children, I fully understand the risks involved in my child/children participation in all the program activities. To the best of my knowledge my child/children has no medical conditions, which will conflict with his/her participating in any educational, sports, or recreational activities throughout the duration of the summer program.

Parent/Guardian Initials \_\_\_\_\_

**PARENT AGREEMENT**

\*NEISD/Kids' Camps WILL NOT be responsible for any lost, stolen, or damaged property.

\*NEISD/Kids' Camps reserves the right to terminate the program for any participant who exhibits serious and persistent behavioral patterns and may pose a risk to him/herself and/or others. The Camp Director will be in communication with families of any child/children exhibiting problematic behaviors. **NO refund will be issued for termination due to behavioral issues.**

\*NEISD/Kids' Camps reserves the right to suspend and/or expel any child/children who are caught breaking any of the program rules. **NO refund will be issued if a child is expelled from the NEISD/Kids' Camps Summer Program.**

Parent/Guardian Initials \_\_\_\_\_

**REFUND POLICY**

NEISD/Kids' Camps refund policy applies to ALL cancellations submitted via email to [mlozan23@neisd.net](mailto:mlozan23@neisd.net) or [kidscamps@neisd.net](mailto:kidscamps@neisd.net) on or before the Wednesday prior to the canceled week. There will be a \$5 processing/cancellation fee. NO refunds will be issued for cancellations the day of/or after the first day of camp. Certain exceptions apply. Camp tuition cannot be pro-rated for absences during the week. ALL requests for refunds/credits must be made in writing via email. NO refunds will be issued for suspensions/expulsions regarding behavioral issues. Camp personnel are not authorized to approve refunds/credits.

Parent/Guardian Initials \_\_\_\_\_

I certify that all above information is accurate and correct. If any changes need to be made to this application I will notify the Community Education office immediately. My signature also confirms that I have received the Kids' Camps Family Handbook. I have completed the form to the best of my knowledge and fully accept the terms of enrollment and all consent/agreements listed above.

Parent/Guardian Signature: \_\_\_\_\_

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

Limited space available at some locations. Registration/Payment deadline will be the Thursday prior to the week attending camp by 4pm. All registration forms must be submitted and payments must be processed before attending camp. Only one form is needed at time of registration. Please email registration form to [kidscamps@neisd.net](mailto:kidscamps@neisd.net) or submit it via fax to 210-657-8612. For any questions or concerns regarding camp, please contact Ms. Dolores Lozano at 210-407-0149

