

# NEISD/KIDS' CAMPS REGISTRATION FORM

## CAMPER INFORMATION:

Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Sibling(s): \_\_\_\_\_

Current Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Pick-Up: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Authorized Pick-Up: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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 or submitted to our main office)

## MEDICAL INFORMATION:

Does the camper(s) have any medical/health concerns our staff need to be aware of?  Yes  No  
If yes, please specify: \_\_\_\_\_

Is the camper(s) presently taking any form of medication?  Yes  No

Please list any medication the camper(s) takes on a daily basis: (Please note: There will not be a nurse available at camp) \_\_\_\_\_

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

Allergies?  Yes  No If Yes, explain: \_\_\_\_\_

Please select if applicable:  Asthma  Diabetes  Epilepsy/Seizure Disorder  Autism

**ADMINISTRATION OF MEDICINE:** A medication administration request form 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 provide all medication(s).  
 \*All medication must be in the original container, clearly labeled with the camper's name, name/dose of the medication and directions for administration.  
 \*The Medication Administration Request must be completed by the physician prior to attending camp and/or when there is a change in dose or medication.  
 \*Only FDA approved/prescribed pharmaceuticals, manufactured in the USA will be administered. Homeopathic preparations will not be accepted.  
 \*Medication will NOT be sent home with students. All medication must be picked up by a parent/guardian or adult designee at the end of camp.  
 \*All medication is administered by the camp supervisor.

**MEDICAL RELEASE:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission for my child, as named above to receive emergency medical care that may be deemed needed by Kids' Camps personnel for the treatment of an injury that may incur while in the program's activities, swimming, on camp premises or elsewhere. I understand that I will be notified immediately in case of an emergency involving my child. In the event that I cannot be reached, I authorize Kids' Camps personnel to notify the emergency contact(s) listed below and provide the necessary medical services in the event my child is injured or becomes ill. The signature below constitutes authorization to perform any necessary treatment for my child during the time they are under the supervision of Kids' Camps personnel.

**EMERGENCY CONTACT INFORMATION:**

Name: _____	Phone #: _____
Relationship to camper: _____	
Name: _____	Work Phone #: _____
Relationship to camper: _____	

**PERMISSION TO ATTEND FIELD TRIPS:** I am the parent/guardian of the camper(s) named above:

\_\_\_ HAS/HAVE \_\_\_ DO/DOES NOT HAVE

my permission to attend field trips or any other camp activities to the designated sites as scheduled by Kids' Camps personnel. Care/Supervision will not be provided at the camp site if camper(s) does not have permission to attend, parents/guardians must make alternate arrangements.

The undersigned parent/guardian (hereinafter, "I") understand that one or more teacher/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 camper named above (the "Camper) by local physicians and/or hospitals, including surgical procedures. I hereby 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 camper 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 camper's participation in the field trip or activities identified herein. **\*Kids' Camps reserves the right to cancel or reschedule (time permitting) field trips or activities in the event of inclement weather or conditions beyond our control.**

**PHOTO RELEASE:** During camp, opportunities arise to provide positive information and publicity about our programs and events to the general public or specific audiences. In some cases, we may receive requests from the news media, social media or professional persons to interview, photograph, and/or film campers for news or non-profit publications, television, radio broadcast, or for educational information, trainings, 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/social media publicity or included in district publications.

I am the parent/guardian of the campers mentioned above and he/she:

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, on/or filmed for public information for use in the news/social media, professional education information, or any other non-profit publication for public use (e.g. newsletters, promotional videos.)

**PARENT/CAMPER AGREEMENT:**

\*NEISD/Kids' Camps WILL NOT be responsible for any lost, stolen or damaged property.  
\*NEISD/Kids' Camps reserves the right to dismiss from the program any participant who exhibits serious and persistent behavioral patterns and may pose a risk to him/herself and/or others. The camp supervisor will be in communication with parents/guardians of any camper exhibiting problematic behavior. NO refund will be issued for dismissal from the program due to behavioral issues.  
\*NEISD/Kids' Camps reserves the right to suspend and/or dismiss any camper who is not abiding by program rules. NO refund will be issued if a camper is suspended/dismissed from any NEISD/Kids' Camps programs.

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

Registration/Payment deadline will always 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 all forms to [kidscamps@neisd.net](mailto:kidscamps@neisd.net) or submit via fax to 210-657-8612. For any questions or concerns regarding camp, please contact Ms. Dolores Lozano at 210-407-0149.

I certify that all the information above is accurate and correct. If any changes need to be made to this registration form I will notify the Kids' Camps office immediately. My signature also confirms that 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: \_\_\_\_\_

