



## NEISD KIDS' CAMPS STUDENT REGISTRATION FORM

All forms must be completed and submitted to [mlozan23@neisd.net](mailto:mlozan23@neisd.net) Fax #: 210-657-8612 or call 210-407-0149

### STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Sibling(s)		
Last Name:	First Name:	Middle Initial:
Current School:	Current Grade:	<u>Sibling Information:</u> Current School: Current Grade:
Parent(s)/Guardian(s):		Address:
Contact #:	Email:	
Camper(s) live with:  <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian	Are there any custody orders that limit access of any parent (or other person)? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, a copy of the court order or decree must be on file at our main office.	

A camp T-shirt is included with registration. Any additional shirts can be purchased for \$10 at the camp location. The t-shirt needs to be worn on day of field trip.

YS  
YM  
YL  
 T-shirt size: YXL  
AS  
AM  
AL

\_\_\_\_\_ Sibling Discount: 15%                      \_\_\_\_\_ NEISD Employee Discount: 30%    Employee # \_\_\_\_\_

### MEDICAL HISTORY

Does your child/children require any special accommodations under ADA/504?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child/children have any health concerns our staff need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe: _____ _____ List any medication(s) your child takes on a regular basis. _____ _____ Will staff be required to administer medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, a medical consent form must be submitted)	Please check if your child/children has: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Heart Condition <input type="checkbox"/> Special Needs <input type="checkbox"/> Allergies Please specify below. _____ _____
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**IN CASE OF EMERGENCY**

Name of local friend or relative (not living at same address):	Relationship to camper(s):	Home phone #:	Work phone #:
Name of local friend or relative (not living at same address):	Relationship to camper(s):	Home phone #:	Work phone #:

**AUTHORIZED PICK UP**

Authorized person to pick up:	Relationship to camper(s):	Phone #:
_____	_____	_____
Authorized person to pick up:	Relationship to camper(s):	Phone #:
_____	_____	_____
Authorized person to pick up:	Relationship to camper(s):	Phone #:
_____	_____	_____
Authorized person to pick up:	Relationship to camper(s):	Phone #:
_____	_____	_____

**PERMISSION TO ATTEND FIELD TRIPS**

- My child/children HAS my permission to attend the field trips to the designated sites.
- My child/children DOES NOT have my permission to attend the field trips to the designated sites.

**Care/supervision will not be provided at the camp sites if camper(s) DOES NOT have permission to attend. Parent/Guardian must make alternate arrangements.**

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 well-being.

As per the Texas Tort Claims Act, school districts have sovereign immunity 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 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' staff reserves the right to cancel or reschedule (time permitting) field trips in the event of inclement weather or conditions beyond our control.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

### ADMINISTRATION OF MEDICINE/MEDICAL RELEASE

**Please Note:** There will not be a nurse available at camp, so all medication will be administered by the Camp Director.

A medication administration request form must be submitted before the start of camp. When it is necessary to administer medication during campo 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 medication.
- \*The Medication Administration Request form must be completed by the physician or when there is a medication and/or dosage change. Prescribing physician 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.
- \***Medication(s) will not be sent home with students at the end of camp.** All medication must be picked up by a parent/guardian or adult designee.

I give permission for my child/children to receive emergency medical care that may be deemed needed by Kids' Camps' personnel for the treatment of any injury that may occur while in the program's activities, field trips, 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 signature

\_\_\_\_\_  
Date

### SWIMMING CONSENT

I am the parent/guardian of the minor named above:

- GIVE permission to go swimming in the pool at the designated location for the duration of their attendance at the Kids' Camps Program.
- DO NOT GIVE permission to go swimming in the pool at the designated location for the duration of their attendance in the Kids' Camps Program. (There will be alternate activities for campers who are not allowed to swim.)

### MEDIA/PHOTO RELEASE

My child/children:

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

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 trainings as well as various publications and brochures printed by NEISD and parent-teacher organizations. Permission is needed for your child/children to be the subject of any news media publicity or included in district publications.

## PARENT/GUARDIAN AGREEMENT

\*NEISD/Kids' Camps WILL NOT be responsible for any lost, stolen or damaged personal 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 may call for immediate pick-up. The Camp Director will be in communication with families of any child/children exhibiting problematic behaviors.

\*NEISD/Kids' Camps reserves the right to suspend and/or expel any child/children who are non-compliant with any of the program rules/policies.

## WAIVER OF LIABILITY

NEISD and the Kids' Camps Program provides services for children during the 2017-2018 school year. All our staff is trained to provide the maximum protection for your child/children while in our care. Even with all the safeguards in place incidents/situations may occur. As a parent/guardian of the above named child/children, I fully understand the risks involved with my child/children participating in all the program activities. To the best of my knowledge, my child/children has/have no medical condition(s) which will conflict with his/her participation in any educational, sports, or recreational activities throughout the duration of the program.

## REFUND POLICY

NEISD/Kids' Camps refund policy ONLY applies to cancellations submitted via email to [yriver@neisd.net](mailto:yriver@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. NO refunds will be issued for suspensions/expulsions regarding behavioral issues. Camp personnel are not authorized to approve refunds/credits.

The above information is true to the best of my knowledge and I fully accept the terms of enrollment and all agreements/consents listed above.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

