

2019 NEISD/COMMUNITY ED KIDS' CAMP SUMMER CAMP REGISTRATION FORM

<p>CAMP LOCATIONS: Select desired camp location</p> <p><input type="checkbox"/> Bulverde Creek Elementary (K-5th) @ 3839 Canyon Pkwy, San Antonio, TX 78259</p> <p><input type="checkbox"/> Roan Forest Elementary (K-5th) @ 22710 Roan Park, San Antonio, TX 78259</p> <p><input type="checkbox"/> Wetmore Elementary (K-5th) (6th-8th) @ 3250 Thousand Oaks, San Antonio, TX 78247</p>	<p>CAMP SESSIONS: Cost \$180 per week (Campers may attend desired session)</p> <p style="background-color: yellow;"><input type="checkbox"/> NEISD EMPLOYEE <input type="checkbox"/> SIBLING DISCOUNT</p> <p><input type="checkbox"/> Session 1- June 10th-14th <input type="checkbox"/> Session 5- July 8th-12th <input type="checkbox"/> Session 2- June 17th-21st <input type="checkbox"/> Session 6- July 15th-19th <input type="checkbox"/> Session 3- June 24th-28th <input type="checkbox"/> Session 7- July 22nd-26th <input type="checkbox"/> Session 4- July 1st-5th (\$140) (4th of July Holiday) <input type="checkbox"/> Session 8- July 29th- August 2nd</p> <p>(You do not need to pay for all sessions at once) (Weekly field trips are subject to change)</p>
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CAMPER INFORMATION

NAME: _____	GRADE COMPLETED: _____
SCHOOL ATTENDED: _____	
T-SHIRT SIZE: <input type="checkbox"/> Y-SM <input type="checkbox"/> Y-MED <input type="checkbox"/> Y-LRG <input type="checkbox"/> Y-XLRG <input type="checkbox"/> A-SM <input type="checkbox"/> A-MED <input type="checkbox"/> A-LRG	
SIBLING: _____	GRADE COMPLETED: _____
SCHOOL ATTENDED: _____	
T-SHIRT SIZE: <input type="checkbox"/> Y-SM <input type="checkbox"/> Y-MED <input type="checkbox"/> Y-LRG <input type="checkbox"/> Y-XLRG <input type="checkbox"/> A-SM <input type="checkbox"/> A-MED <input type="checkbox"/> A-LRG	
SIBLING: _____	GRADE COMPLETED: _____
SCHOOL ATTENDED: _____	
T-SHIRT SIZE: <input type="checkbox"/> Y-SM <input type="checkbox"/> Y-MED <input type="checkbox"/> Y-LRG <input type="checkbox"/> Y-XLRG <input type="checkbox"/> A-SM <input type="checkbox"/> A-MED <input type="checkbox"/> A-LRG	

PARENT/GUARDIAN CONTACT INFORMATION	EMERGENCY CONTACT INFORMATION
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<p>Parent/Guardian #1 _____</p> <p><input type="checkbox"/> Authorized Pick-up <input type="checkbox"/> Emergency Contact</p> <p>Address: _____</p> <p>Phone #: _____</p> <p>Email: _____</p> <p>Parent/Guardian # 2: _____</p> <p><input type="checkbox"/> Authorized Pick-up <input type="checkbox"/> Emergency Contact</p> <p>Address: _____</p> <p>Phone #: _____</p> <p>Email: _____</p> <p>Are there any custody orders that limit access to any parent? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, copies must be submitted to our office.</p>	<p>Emergency Contact#1:</p> <p>_____</p> <p>Phone #: _____</p> <p>_____</p> <p>Emergency Contact#2</p> <p>_____</p> <p>Phone #: _____</p> <p>_____</p>
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I understand that I will be notified in case of an emergency involving my child(ren). 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(ren) is injured or become ill. I give permission for my child(ren) to receive emergency medical care that may be deemed necessary by Kids' Camp personnel for the treatment of an injury that may occur while in the program's activities, including, but not limited to swimming or other designated activities outside camp locations as scheduled. I understand I will be contacted before or immediately after such emergency treatment is rendered.

Emergency Contact#3:

Phone #: _____

Emergency Contact#4:

Phone #: _____

Parent/Guardian Initials: _____

MEDICAL INFORMATION

Does the camper have any health concerns we need to be aware of? YES NO

If Yes, please specify to include camper(s) name: _____

Is the camper presently being treated for an injury, sickness or taking medication for any other reason?

YES NO If Yes, please specify to include camper(s) name: _____

Allergies? YES NO If Yes, what type? _____

Please check if applicable: Asthma Diabetes Epilepsy/Seizures Heart Condition

Other, please specify to include camper(s) name: _____

List any medication camper(s) takes on a daily basis: **(Please note, there will not be a nurse available at camp.)**

Will the Camp Supervisor be required to administer the medication? YES NO

(If Yes, medical consent form must be submitted)

ADMINISTRATION OF MEDICINE/MEDICAL RELEASE

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 will be followed:

→A parent, guardian or responsible adult designee will bring medication to camp and turn it into the Camp Supervisor.

→All medication must be in the **ORIGINAL/PRESCRIPTION CONTAINER** clearly labeled with the camper's name, dose and name of medication, and directions for administration. Parents must provide all medication.

→The Medication Administration Request form must be completed by the physician and/or when there is a 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 or over the counter medication will not be accepted.

→**Medication will not be sent home with campers.** All medication must be picked up by a parent, guardian or adult designee. Medication that is not picked-up 6 months after camp has ended will be taken to NEISD Health Services for proper disposal. All medication will be administered under the supervision of the Camp Supervisor.

Parent/Guardian Initials: _____

PERMISSION TO ATTEND FIELD TRIP/TRANSPORTATION RELEASE

I am the parent/guardian of the camper(s) named above and my child(ren):

HAS/HAVE my permission to attend field trips to the designated locations, including swimming at the North East Sports Park or other sites as scheduled.

DO NOT/DOES NOT HAVE my permission to attend field trips to the designated locations, including swimming at the North East Sports Park or other sites as scheduled. Care/Supervision will not be provided at the campsites if camper(s) is not allowed to attend the field trip, parent/guardian 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 well-being.

School districts are immune from liability except for when property damage, personal injury or death is caused by a district's employee 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' Camp reserves the right to cancel or reschedule (time permitting) field trips in the event of inclement weather or conditions beyond our control.

SWIMMING CONSENT

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

HAS/HAVE my permission to go swimming in the pool at the North East Sports Park or designated location for the duration of their attendance at the Kids' Camp summer program.

DO NOT/DOES NOT HAVE my permission to go swimming in the pool at the North East Sports Park or designated location for the duration of their attendance at the Kids' Camp summer program. (There will be alternate activities available at the designated swimming location for campers who are not allowed to swim.)

Parent/Guardian Initials: _____

PHOTO/MEDIA RELEASE

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

Permission is needed for camper(s) to be the subject of any news/social media publicity or included in district publications. I understand my child(ren)'s name(s) will not be published.

I am the parent/guardian of the camper(s) named above and my child(ren):

HAS/HAVE my permission to be photographed, filmed and/or interviewed for public information to be used in the news/social media, as professional, educational information, or any other non-profit publication for public use. (e.g. newsletters, promotional videos, social media publications) (Permission remains in effect unless revoked in writing by the parent/guardian.)

DO NOT/DOES NOT HAVE my permission to be photographed, filmed or interviewed for public information to be used in the news/social media, as professional, educational information, or any other non-profit publication for public use. (e.g. newsletters, promotional videos, social media publications)

Parent/Guardian Initials: _____

WAIVER OF LIABILITY

NEISD/Kids' Camp program provides service for all children during the 2018-2019 school year. All of the staff are district employees and trained to provide the maximum protection for your child(ren) while in the care of NEISD/Kids' Camp.

As a parent/guardian of the above named child/children, I acknowledge the personal benefits accruing to my child/children by reason of participation in the above described program and I am aware of the activities which my child/children will be involved through said participation. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my child/children's participation in all activities while enrolled in the NEISD/Kids' Camp program.

To the best of my knowledge my child/children has/have no medical conditions which will conflict with him/her participating in any educational, sports or recreational activities throughout the duration of their attendance in NEISD/Kids' Camp programs.

I acknowledge that I have completely read and understand this document.

Parent/Guardian Signature: _____

