



# 2024 Summer Camp Registration Form

**Camper's Info:**

First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Rising Grade: \_\_\_\_\_

**Health Information:** Please provide any and all health information in the space provided below. Include all allergies and any pertinent medical information.

\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian Name \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**\*Please place a check mark (✓) next to the best contact phone number for each parent\***

(Notify us IMMEDIATELY of changes in contact information. There are instances (inclement weather or illness) that require staff to be able to contact family immediately.)

**\$75.00/week per child due at time of registration**

**Time of Camp: 8:30am-4:30pm**

Camp Weeks Needed:

- June 3-June 7: Camp Around the World (\$75)
- June 10-June 14: Great Outdoors (\$75)
- June 17-June 21: World of Water (\$75) *No Camp June 19*
- June 24-June 28: Arts in the Park (\$75)
- July 8-July 12: Storybook Land (\$75)
- July 15-July 19: Adventures in History (\$75)
- July 22-July 26: Summer Games (\$75)

**Total Amount Due:** \_\_\_\_\_



# Emergency Contact Form

## Camper's Info:

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Last

*The individuals on this emergency contact list will be notified if we are unable to reach the primary and secondary guardians. **Do not list primary and secondary guardians here.***

### First Emergency Contact

Name \_\_\_\_\_ Cellphone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

### Second Emergency Contact

Name \_\_\_\_\_ Cellphone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

### Third Emergency Contact

Name \_\_\_\_\_ Cellphone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

## Pick Up and Drop Off Authorization Form

**Camper's Info:**

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Last

Legal Guardian Name(s): \_\_\_\_\_

**Please list yourself and all persons that will be dropping off or picking up your camper for the summer and include their up-to-date cellphone numbers. All persons listed here will be required to present a picture ID when picking your camper up. All authorized persons must be at least 18 years of age. Persons not listed here will not be allowed to take your camper from supervision of Camp Staff.**

**This list will not be used for the Emergency Contact Form.**

First Name Last Name Phone Number

---

First Name Last Name Phone Number

---

First Name Last Name Phone Number

---

First Name Last Name Phone Number

---

First Name Last Name Phone Number

---

**Please add names as they appear on driver's license.**

## Paducah Parks & Recreation Camp Waiver

### Camper's Info:

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Last

I understand that this event is potentially hazardous, and that I (or my camper) should not enter and participate unless medically able and properly trained. I assume full responsibility for any injury or accident which may occur while traveling to or from the event, during the event, or while on the premises of the event. I also am aware of and assume all risks associated with this event, including but not limited to falls, contact with other campers, effects of weather, traffic and conditions of the road.

I hereby release the City of Paducah, Paducah Parks & Recreation, and each of their agents from any liability arising out of my or my camper's participation in this event. This waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties.

- I hereby grant full permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.
- I do not grant permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

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

\_\_\_\_\_  
Date

# Camp Forms Acknowledgement & Agreements

## Camper's Info:

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Last

I have read and reviewed the entirety of the Parent Packet and understand the guidelines, policies and procedures of camp. I will follow all requirements to the best of my ability.

Furthermore, I have read and reviewed the Behavior and Discipline Policies to my camper. I am fully aware of camp policies and understand that refunds will not be distributed to campers suspended from camp for violations of these policies.

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

\_\_\_\_\_  
Date

# Camper Behavior Contract

**Camper's Info:**

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Last

I agree to make Paducah Parks and Recreation Summer Camp a safe place for myself and my fellow campers. For the benefit of other campers, the staff, and myself; I agree to conduct myself in the following respectful manner:

- I will respect myself and others.
- I will listen to others, including camp staff and fellow campers.
- I will control my own behavior and use appropriate language.
- I will not cause physical or emotional harm to other campers or staff.
- I will follow the camp rules and the camp schedule.
- I will respect the environment, camp equipment, property and other camper's belongings.
- I will wear appropriate clothing and footwear for all activities at camp.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

This document must be signed by camper and parent and returned before their session begins.

## Medication Authorization Form

**In the event of a medical emergency; Camp Staff will call 9-1-1 and follow all recommendations set forth by 911 dispatch. Any and all medications will not be administered by staff unless instructed to do so by 9-1-1 dispatch and only with parent/guardian approval below.**

I, \_\_\_\_\_, hereby give permission to Paducah Parks & Recreation Staff to administer medication to my child, \_\_\_\_\_, in the case of an emergency. This medicine has been prescribed for my child by Dr. \_\_\_\_\_ their phone number is (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

**Medications prescribed by doctors that are to be taken on a regular basis may be brought to camp each day in the original containers with dosage and frequency clearly stated on the original labels. All medications must be placed in a plastic Ziploc bag labeled with the name and age of your child. Medication such as antiseptics and acetaminophen should not be brought to camp. Prescribed medication will be kept by staff in their first aid kits. Medications must be administered by the child at the appropriate time. Camp Staff will carry antiseptics and other supplies in their first aid kits.**

My child, \_\_\_\_\_, needs to take medication during camp.

Medication: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Time to administer medication: \_\_\_\_\_

Reactions or side effects child may experience after taking medication:

\_\_\_\_\_

Medication: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Time to administer medication: \_\_\_\_\_

Reactions or side effects child may experience after taking medication:

\_\_\_\_\_

*By signing this form, I shall release the City of Paducah, Parks & Recreation, it's staff, agents and officials from any liability of any nature that might result from the administration of medication to the child participant.*

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

\_\_\_\_\_  
Date