

**WEBSTER PARKS AND RECREATION  
SUMMER CAMP FORMS**

# Emergency Contact Information

**(Please bring all completed forms to parent meeting! For some camps, the parent meeting is the first day of camp. If registered for multiple sessions, only one set of forms is needed).**

It is important that we know how to reach someone during the hours of camp in case of an emergency. Please neatly complete the following information. If this information is not provided we will be unable to accept your child into camp due to strict safety guidelines. We appreciate your cooperation. It is our goal to ensure a safe, enjoyable summer for all of our campers and staff.

Camp Child is Attending: Preschool\_\_\_\_\_ K-5 Full Day Camp\_\_\_\_\_ 6-8Trip\_\_\_\_\_

Child's Name: \_\_\_\_\_ , \_\_\_\_\_  
(Last) (First)

Parent Name \_\_\_\_\_ Work Phone# \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Parent Name \_\_\_\_\_ Work Phone# \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Alternate contact person name other than parents: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Alternate person's phone # during camp hours: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Comments/concerns (for the younger ones please list some interests they have or concerns such as being very shy, have a nickname, please group with sister, etc...): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Webster Parks and Recreation Car Pooling and Alternate Pick Up Form

To ensure the safety of your child(ren), we need to be informed if anyone other than a parent is picking up your child(ren). Step parents, grandparents, neighbors, uncles, older siblings, etc ... need to be included on this form. Please provide the information below and return to the camp director at the parent meeting. Again these forms must be turned in before camp starts! Please note that individuals picking up and signing campers out at the end of the day will be asked to show a drivers license for identification.

**Camp Child is Attending:** Preschool\_\_\_\_\_ K-5 Full Day Camp\_\_\_\_\_ 6-8Trip\_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Camp Week Attending** \_\_\_\_\_

**Friend(s) your child would like to be grouped with** \_\_\_\_\_

\_\_\_\_\_

**ALL person(s) allowed to drop off/pick up children MUST be listed below. This includes parent(s)/guardian(s) names as well. Children will ONLY be released to person(s) listed below:**

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please list days of week/dates that you expect to carpool:**

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

**\*If there is a person you are concerned about that may pick up your child that does not have your permission to do so, please inform the camp director or supervisor.**

**Parent/Guardian's Name (print)** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Webster Parks and Recreation

## WAIVER FOR PARTICIPATION

I hereby acknowledge, agree and understand that the use of Webster Recreation Center programs, facilities, services, equipment or premises, involves risk of injury to my person and property, as well as to that of a minor for who I have guardianship and have requested entrance and use of the programs, facilities or services. By engaging in such use, or permitting the use by such a minor, I assume full responsibility for such risks. Therefore, on behalf of myself, my heirs (including minors whom I have requested to be allowed to use the community center), personal representative or assigns, I do hereby release, waive, hold harmless, and covenant not to sue Town of Webster from any liability and all claims arising from my (or minor for whom I am guardian) use of the center/facilities, programs, services, equipment or premises. The waiver of all claims included, but is not limited to, personal injury (including death) from accidents or illness, as well as any and all claims resulting from damage to, loss of, or theft of property.

I understand that I am releasing the Town of Webster from all liability to me, my heirs, minor children for whom I am responsible and our assigns, for any loss or damage to me or the child, and forever give up any claims therefore on account of injury to person or property whether caused by the active or passive negligence of the Town of Webster.

**\*\*By signing, you agree that you and/or your children maybe in a group photo that may be used by Parks and Recreation for promotional purposes.**

\_\_\_\_\_  
SIGNATURE: DATE\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/AND OR LEGAL GUARDIAN DATE\_\_\_\_\_  
If participant is less than 18 years of age

\_\_\_\_\_  
PRINT NAME of CAMPER

Camp Child is Attending:

Preschool\_\_\_\_\_ K-5 Full Day Camp\_\_\_\_\_ 6-8Trip\_\_\_\_\_

# Webster Parks and Recreation Medication Form

Participant Name \_\_\_\_\_, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First)

Camp Child is Attending    Preschool \_\_\_\_\_    K-5 Full Day \_\_\_\_\_    6-8 Trip \_\_\_\_\_

**THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION IS BROUGHT TO PROGRAM**

PARENT/GUARDIAN: All medications whether prescribed or over the counter must be in the original container and clearly labeled with participant name. All medications must be presented immediately to Recreation Director along with this form. Medication will be kept in a locked bag with the Director. **All medication must be accompanied by physician's permission including over the counter medications, such as Tylenol, Advil and Benadryl, etc.**

### HEALTH CARE PROVIDER Permission for Self-Administration

1. Medication \_\_\_\_\_ 2. Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Dosage \_\_\_\_\_

Form \_\_\_\_\_ Form \_\_\_\_\_

Time/Frequency \_\_\_\_\_ Time/Frequency \_\_\_\_\_

Diagnosis/Reason \_\_\_\_\_ Diagnosis/Reason \_\_\_\_\_

**\*\*Participant was instructed in proper procedure and is able to self-administer his/her medication.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Parent/Guardian Permission for Self-Administration

By signing below I understand that my child must be able to self-administer his/her medication and I give him/her permission to do so. Self administering includes your child keeping track of dosing and timing of medication. **Failure to notify Director of medication being on site will result in dismissal from program until appropriate forms are filled out.**

Parent/Guardian Printed Name \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

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