WEST BLOOMFIELD PARKS
CAMP AGREEMENT AND RELEASE FORM
ACCIDENT WAIVER, RELEASE OF LIABILITY, INDEMNITY/HOLD HARMLESS AGREEMENT

*****ONE FORM PER CHILD*****

This MUST be completed and on file BEFORE you can enroll your child in camp.
Forms must be dropped off (4640 Walnut Lake Rd, 48323, emailed camps@wbparks.org) or faxed (248.738.2529).

If a section is not applicable, write "N/A".

CHILD INFORMATION

CAMPER NAME_____ADDRESS_____

CITY_____ZIP_____BIRTHDATE_____AGE (as of June 18)_____ GENDER: M ☐ F ☐

GRADE IN SCHOOL IN FALL _____ NAME OF SCHOOL IN FALL _____

WILL A SIBLING BE ATTENDING CAMP? IF YES, WRITE NAME HERE _____

In consideration of the following notes, please include as much as possible to help us with assisting your child this summer.

BEHAVIORAL NOTES - Let us know if child has ever shown physical aggression, has emotional concerns (i.e. divorce, recent move, death in family, new baby in home), fears, needs for being calmed, etc. Please use separate document if needed.

YOUR CHILD'S PERSONALITY (Choose as many as you see fit):

☐ Happy	☐ Gentle	☐ Outgoing	☐ Resilient	☐ Spontaneous	☐ Zany
☐ Funny	☐ Laid-Back	☐ Shy	☐ Self-Confident	☐ Needs time to process directions	☐ Thoughtful
☐ Boisterous	☐ Rule Enforcer	☐ Peace Keeper	☐ Self-Controlled	☐ Sporty	☐ Active/Energetic
☐ Imaginative	☐ Leader	☐ Quiet	☐ Sensitive	☐ Artsy	☐ Anxious
☐ Kind	☐ Follower	☐ Reserved	☐ Social Butterfly	☐ Wild	☐ Competitive

OTHER NOTES: (Special needs, limitations, etc.)

_____

WHAT LANGUAGES ARE SPOKEN IN YOUR HOME?

_____

SWIMMING ABILITY: Can your child swim in 3 ft. of water or deeper? ☐ Yes ☐ No ☐ Unsure

COMFORT LEVEL IN POOL: Please explain further any swim needs or expectations.

_____

GUARDIAN INFORMATION (with whom child resides)

NAME_____ RELATIONSHIP_____ PRIMARY PHONE # _____

ALTERNATE PHONE #_____ EMAIL _____

NAME_____ RELATIONSHIP_____ PRIMARY PHONE #_____

ALTERNATE PHONE #_____ EMAIL _____

CAMPER NAME _____

RELEASE INFORMATION (Names of persons, other than those listed under guardian information to whom the child may be released to.)

Name must be the same as listed on photo ID. Only photo IDs are acceptable during pick-up.

	May Be Released To:	Relationship:	Day Time Phone:	Alt Phone:
1.				
2.				
3.				
4.				

***PROHIBITED from picking up child:** NAME: _____ RELATIONSHIP: _____

MEDICAL INFORMATION (attach other information if necessary)

CHILD'S PHYSICIAN/ADDRESS/PHONE_____

INSURANCE COMPANY/GROUP# _____

CHILD'S CURRENT MEDICATIONS – See bottom of page for details.* _____

CHILD'S PHYSICAL LIMITATIONS _____

IS CHILD CURRENT ON IMMUNIZATIONS ☐ Yes ☐ No

CHILD'S ALLERGIES: ☐ Food ☐ Insects ☐ Plants

DATE OF LAST TETANUS SHOT _____

ALLERGEN & REACTION (include if airborne, etc.) _____

CHILD'S HEALTH - please let us know if child has ever had a heart condition, seizures, fainting spells, allergies, asthma, diabetes, bloody noses, frequent headaches, physical limitations, other medical conditions.

_____

HEALTH HISTORY STATEMENT

I understand the importance of a truthful health history to assist staff in providing the best care possible.

INITIALS_____ DATE_____

I confirm that the above information adequately states my child's past and current health.

INITIALS_____ DATE_____

PERMISSION FOR EMERGENCY MEDICAL CARE: In the event of an emergency affecting the life or permanent well-being of My Child, I authorize any licensed physician, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat My Child, including the authority to admit My Child to the hospital and provide medical and hospital care and treatment for My Child, including having surgery, anesthesia, blood and blood products, if necessary. I understand that by executing this form I am not relieved of any financial or other obligations regarding My Child for which I am legally responsible. On behalf of myself and My Child, I release and agree to the fullest extent permitted by law, to save, hold harmless and indemnify Member and its officials, employees, volunteers and agents from any and all liability for loss, cost, claim or damage whatsoever that may be imposed on or incurred by them because of the participation or attendance of My Child.

MEDICATION ADMINISTRATION: Are you requesting that camp staff administer an **epi-pen**, an **asthma inhaler**, any over-the-counter or prescription medication during camp hours?

YES ☐ NO ☐

***If YES, this requires the Permission to Administer Medication and Release of Claims Form to be completed by your physician and the completed form must be submitted at the time of registration and payment or the child will not be accepted to attend camp.**
The form can be found within the Administration & Policy of Medications Packet. This packet is downloadable online or available at the Recreation Activities Center.

CAMPER NAME _____

Please read over the items below.

PERMISSION TO PARTICIPATE: I hereby give consent for my child to participate in a program conducted by West Bloomfield Parks.

PERMISSION FOR PHOTOGRAPH RELEASE: In consideration of participation in this program, I agree that likeness and/or my child's likeness may be photographed or videotaped and that such an image may be published in an outlet used to promote or publicize the program.

PERMISSION FOR TRANSPORTATION: I hereby grant permission to the West Bloomfield Parks to provide for and transport my son/daughter to any scheduled event during the summer camp season. These will be specified in the camp information.

SWIMMING POOL OR LAKE USE: I understand that certain Day Camps will be swimming at surrounding area pools, water parks and lakes. These will be specified in the camp information. Campers may walk or be transported by bus.

DISCIPLINE POLICY: Upon the occurrence of a disciplinary problem as determined by West Bloomfield Parks, the child may be suspended or terminated from the program. In such cases, the parent will be notified to pick up the child immediately. A discipline problem is defined as any child who is hampering the smooth flow of the program by either requiring constant one-on-one attention; is inflicting physical or emotional harm on other campers; is physically and/or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

REFUND/TRANSFER FEES & TIMELINE: If West Bloomfield Parks cancels a camp, a full refund will be issued. Any transfer/refund requests will include a $10 administrative fee. **No transfers or refunds after Tuesday at 7:00pm the week prior to the start of camp, unless stated otherwise in the specific camp program description.**

VALUABLES: Children should not bring valuables to camp. No cell phones or other electronic devices, trading cards, money, toys, etc. West Bloomfield Park is NOT responsible for lost or stolen property.

CAMP SIGN IN/OUT: A guardian (or other named on the Camp Waiver/Release Form), must physically sign children in and out of camp and latchkey. Children will not be released until the guardian, or other designated person has shown valid photo identification.

LATCHKEY LATE POLICY: For latchkey services rendered after 6:00 p.m. an overtime fee of $5 for the first ten minutes and $2 for each additional five minutes will be charged. If the child is not registered for afternoon latchkey, these fees will be applied beginning at 4:15 p.m.

Any late fee must be paid before child will be allowed to return to camp. If the camp session ends and late fees still have not been paid, a hold will be placed on the household's account until payment is received. If camper is not picked up ½ hour after latchkey closes for the day, and no authorized person can be reached, the West Bloomfield Police Department will be called and a plan will be formulated.

ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT:
The undersigned parent and natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to the fullest extent permitted by law to save, hold harmless, and indemnify West Bloomfield Parks and Recreation Commission, The Charter Township of West Bloomfield, their elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death, which may be imposed upon or incurred by West Bloomfield Parks and Recreation because of the participation of the minor in this program. By signing below, you also agree to release said parties in this regard on behalf of both the minor and the parents or legal guardian.

GUARDIAN SIGNATURE:_____ **DATE:** _____

GUARDIAN PRINTED NAME: _____

Save and submit for review

OFFICE USE ONLY: