

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](mailto: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.

<u>May Be Released To:</u>	<u>Relationship:</u>	<u>Day Time Phone:</u>	<u>Alt Phone:</u>
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    DATE OF LAST TETANUS SHOT \_\_\_\_\_  
CHILD'S ALLERGIES:    Food    Insects    Plants

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: \_\_\_\_\_

OFFICE USE ONLY:

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

The next form is only if you selected:

**YES**

On page 2 of the

**CAMP AGREEMENT AND RELEASE**

**FORM**

**ACCIDENT WAIVER, RELEASE OF**

**LIABILITY, INDEMNITY/HOLD**

**HARMLESS AGREEMENT**

And your child needs to have medication administered by Camp staff at Camp.

# WEST BLOOMFIELD PARKS AND RECREATION COMMISSION

## PERMISSION TO ADMINISTER MEDICATION AND RELEASE OF CLAIMS

Both pages must be completed and submitted to West Bloomfield Parks, with physician signature and date.

Participant Name: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

In case of emergency, who should Staff notify?

1. Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

### TO BE COMPLETED AND SIGNED BY PHYSICIAN

Attending Physician (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

#### Medication

Name of Medication \_\_\_\_\_ Dosage: \_\_\_\_\_

Time of Administration; \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Comments/Possible Side-Effects: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNED AND DATED WRITTEN INSTRUCTIONS OF A PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER DESCRIBING THE PROPER ADMINISTRATION OF THE MEDICATION(S) MUST BE ATTACHED TO THIS FORM.

## West Bloomfield Parks and Recreation Commission

### Administration of Medications Policy

West Bloomfield Parks and Recreation Staff may store and/or administer medications for program participants under certain conditions:

- A "Permission to Administer Medication and Release of Claims" Form for each medication must be filled out and signed by the parent and doctor prescribing the medication.
- The "Permission to Administer Medication and Release of Claims" Form must be submitted to program staff prior to the beginning of the program session.
- Prescription medications allowed are oral and topical medications, inhalers, and epi-pens.
- Non-Prescription medications also require a completed "Permission to Administer Medication and Release of Claims" Form.
- The storage and/or administration of the medication by staff cannot be limited or prohibited by federal, state or local law or ordinance.
- Staff will not make any dosage decisions for any medication administration.

### Parent Responsibilities

- It is the parent's responsibility to inform program staff upon registration that their child takes medications, and that staff will be requested to administer that medication.
- "Permission to Administer Medication and Release of Claims" Forms are required to be completely filled out with all requested information and signed by the parent and physician before the program or camp begins.
- A "Permission to Administer Medication and Release of Claims" Form is needed for each medication to be administered.
- Medications must be in their original container and clearly labeled.
- Expired medications will not be accepted.
- Medications are to be given to program staff by the parent, not the child.

### Staff Responsibilities

- Program staff will be trained in first aid and in the administration of epi-pen medications.
- All medications will be kept in a secure location only accessible to program staff.
- All unused medication will be returned to the parent.
- Staff will keep accurate documentation of all medications administered by completing the proper paperwork which shall be kept in the programmer's files. Documentation shall include:
  - The date and time the medication was administered.
  - The dosage administered.
  - Signature of staff person administering the medication.
  - Any comments.
- Parents will be notified if/when a child has been administered medications.
- Parents will be notified immediately of any administration errors by telephone and in writing.



To be completed by parent or guardian:

I hereby request that the participant be administered prescribed medication during the time he or she is attending a program conducted by the West Bloomfield Parks and Recreation Commission, I understand that the medication will be administered by personnel designated by the Commission. I understand that the medication will be administered exactly as directed by the written instructions referenced above. I will notify the Commission of changes in the medication(s) by completing a new form. Also, I will inform the Commission of discontinuance of the medication(s) by written notice.

I acknowledge that the Commission owes no duty to the participant regarding his or her health or physical well-being and that any health information provided by me to the Commission has been voluntary and I expressly authorize the Commission to use this information for medical purposes. I authorize the Commission or any of its employees or agents to obtain medical care for the participant as deemed appropriate by the Commission. Any expenses incurred by the Commission on my behalf are my responsibility.

In consideration for participation in a program conducted by the Commission, I waive any rights I, the participant, or any family member may have against the Commission, the Charter Township of West Bloomfield, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning the administering of the above designated medication(s). I release and discharge the Commission, the Charter Township of West Bloomfield, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims, debts, attorney fees, costs, actions and causes of action of any kind connected with the administering of this medication(s).

I have read and understand the West Bloomfield Parks and Recreation Commission Administration of Medication Policy and the contents of this form and sign this form voluntarily and knowingly.

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

\_\_\_\_\_  
Parent or Guardian (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship