



HENRY COUNTY PARKS & RECREATION DAY CAMP REGISTRATION FORM

Please check the appropriate location:

Fairview (Fairview Rec) Hampton (Bear Creek Rec) Locust Grove (Locust Grove Rec)
 McDonough (Heritage) Stockbridge (J.P. Moseley Rec)

Must be a minimum of 10 campers at the location you choose in order to have camp
There will be an additional charge of \$10.00 per child if registering after camp week has begun.

Participant's Name _____ Phone _____

Age _____ Date of Birth ____/____/____ E-mail _____

Male / Female (Circle One) County Resident Yes / No (Circle One)

T-Shirt Size (Circle One): Youth: S (6/8) M (10/12) L (14/16) Adult: S M L XL XXL

_____ HCPRD **will not** be able to exchange T-shirts from the sizes stated on registration form.

\$125.00/week for the first child; \$115.00/week for each additional child
 Additional \$30.00/child/week for Out of County Residents

Campers must be ages 5 – 12 by June 1, 2021 please check the appropriate box(s)

Session Dates	Camp 7:30am – 6:00pm	\$10.00 Late Registration Fee will be applied after date below
May 27 – 28		May 7, 2021
June 1 - 4		May 14, 2021
June 7 – 11		May 21, 2021
June 14 – 18		May 28, 2021
June 21 – 25		June 4, 2021
June 28 – July 2		June 11, 2021
JULY 5 - 9 CAMP IS CLOSED!!!		
July 12 – 16		June 25, 2021
July 19 – 23		July 2, 2021
July 26 – 30		July 9, 2021
Aug. 2 – 3		July 16, 2021

Please initial these Payment Plan Policies if applicable:

_____ I understand that \$20.00 of the Camp Fee is **Non-Refundable/Non-Transferable**.

_____ I understand that I must give a written notice 3 business days prior to start of camp week if my child or children **cannot** attend camp.

_____ I understand that refunds will **NOT** be issued after the camp week has begun.

_____ **I understand the balance payment must be made by the close of the business day on their respective deadline payment date or my child will be removed from camp for that week.**

Mother's Name _____ Father's Name _____

Contact Name **During** Camp Hours _____ Number _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone _____

Insurance Company _____

Recreation Insurance Yes / No (Circle One) Please fill out additional form to purchase Recreation Insurance for \$15.00.

INCLUSION STATEMENT

HCPRD believes in making every effort to offer complete inclusion within our Summer Day Camp Program. Our camp is open to all children, regardless of disability or perceived limitations. Please help us to create the most accommodating and fun environment possible by listing any special accommodations that your child needs. This will help to make our staff more aware of your child's specific needs.

Please list all information and comments below. Once notes have been reviewed, the Therapeutic Recreation Coordinator will contact you to discuss additional information and specific needs.

Child's Special/Medical Needs: _____

EXEMPTION NOTICE

I, _____ acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

WAIVER OF LIABILITY/CONCUSSION AWARENESS

I, the undersigned, being the participant, the lawful custodial, or the parent of the participant, do hereby agree to participate or allow my child to participate in the following program sponsored by the Henry County Parks and Recreation Department. I will assume all risks and hazards incidental to the conduct of the program and will abide by the rules and regulations thereof.

I acknowledge that accidental medical insurance is required to participate in the program and I can purchase such insurance through Henry County Parks and Recreation Department or I have valid insurance covering the participant as delineated above. Optional recreation insurance for an adult and youth is an additional cost of \$15.00. I hereby give my permission to a Henry County Parks and Recreation Department representative to seek and obtain medical treatment for my child or myself in the event an emergency occurs while my child or myself is attending this program.

I further acknowledge and agree that for and in consideration of the use of such park and all facilities in connection with the program and further in consideration of myself or my child's participation in same, I, individually and on behalf of my child or myself, release and discharge, indemnify and hold harmless the Henry County Parks and Recreation Department, its successors, assigns, agents and employees of Henry County Parks and Recreation Department, agents, and employees and any sponsor, supervisor or owner or any property or equipment used in the program from any all liability, claims and causes of action of whatsoever kind and nature resulting from my or my child's participation in the aforementioned program, including transportation to and from the program, so long as any injuries or damages are not the result of the willful or malicious failure to guard or warn against a dangerous condition, structure or activity or willful or wanton injury (provide that this limitation shall not apply against Henry County Parks and Recreation Department, agents and employees, which together, reserve any and all immunity which they have).

Additionally, I hereby grant to Henry County, Georgia and the Henry County Parks and Recreation Department my absolute and unconditional permission to use, without charge, any and all photographs, video reproductions or other like kinds of imagery production taken during the event in which I or my likeness or image may appear as the subject matter for publicity or any other purpose.

Participant/Parent Concussion Awareness

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Participant and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each participant who wishes to participate in Henry County Parks and Recreation programs.

Common Signs and Symptoms of Concussion

- *Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness Nausea or vomiting
- *Blurred vision, sensitivity to light and sounds
- *Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings
- *Unexplained changes in behavior and personality
- *Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

For More Information Please Visit: www.choa.org/concussion

Signature (Participant/Parent/Guardian) _____ **Date** _____

PARTICIPANT RELEASE:

(Persons Authorized to pick up your child in addition to Parents/Guardians already listed)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Signature (Participant/Parent/Guardian) _____ **Date** _____

FOR OFFICE USE ONLY		
Amount Paid _____	Receipt # _____	Staff _____