



2020 Summer Camp Application

Note: Child must have finished kindergarten by camp begin date and not yet entered the 5th grade

Name of Child: _____ Age (as of start of camp): ____ D.O.B. _____

Mailing Address: _____ City _____ Zip Code _____

Street Address (if different) _____ City _____ Zip Code _____

Resident: ____ Non-Resident: ____ (If you pay Fletcher Taxes you are a Resident)

School: _____ Male: ____ Female: ____ Grade (2019-20 School Year): _____

****This information will be used to contact parents/guardians about camp information including weekly schedules, weather updates, etc.***

Name of Parent\Guardian #1: _____

Home Phone: _____ Pager/Cell: _____ Email Address: _____

Place of Employment: _____ Work Phone: _____

Name of Parent\Guardian #2: _____

Home Phone: _____ Pager/Cell: _____ Email Address: _____

Place of Employment: _____ Work Phone: _____

EMERGENCY INFORMATION: (Someone other than parent/guardian)

♦ Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Pager/Cell: _____

♦ Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Pager/Cell: _____

I have been made aware and agree to the terms for drop-off and pick-up as stated in the Fletcher Summer Day Camp Handbook. I understand that this policy and any fees apply to not only myself, but to anyone else authorized to pick up my child. I agree to pick up my child within one hour of notification due to misconduct or illness. I have read and agree to abide by all other rules set forth in the Parent Handbook.

Parents Signature

Date

FLETCHER SUMMER DAY CAMP 2020
INFORMATION ABOUT YOUR CHILD: (will be kept confidential)

-Does your child have any allergies, physical, mental, behavioral or emotional conditions that would restrict his/her camp activities? _____ Yes _____ No
If yes, please explain:

-List any medications your child is currently taking and if administration of medications needs to be allowed during camp. Note: Staff cannot administer ANY medication to any camper including prescriptions and aspirin.

-Please note any diet restrictions. On days Fletcher Day Camp provides a meal for the campers you will be notified. If your child is not permitted to eat the food we provide, it is up to you to let your child know this and provide them with an alternative meal.

-Please list any extreme fears or reactions that may prohibit your child from taking part in camp activities or their enjoyment of the camp experience.

*** Please list the name a phone number of person(s) who will pick-up your child, i.e.;grandparents, aunts, including yourself. Your child will not be allowed to leave with anyone who is not on the list, unless staff is notified by a parent/guardian in writing.***

<u>Name</u>	<u>Phone #</u>

In consideration of my/my child's participation in the aforementioned Fletcher Parks & Recreation program/activity (including travel), I hereby discharge and release the Town of Fletcher, the Parks & Recreation Department, and any and all employees or agents thereof of all claims of any kind or nature whatsoever arising out of the actions of the employees or agents, to the extent allowed by law. I have informed the Parks & Recreation Department's staff of any physical conditions that may hinder my child's participation in the program/activity. I know that if my child does become sick at camp, I must pick them up within one hour of being notified. I have read the camp rules and understand all camp requirements.

Signature: _____ Date: _____

Fletcher Summer Day Camp Program Liability Waiver

- 1) **Waiver and Release.** The participant and guardian releases and discharges the Town of Fletcher and its successors from any and all liability, claims and demands of whatever nature, either law or in equity, which arises or may here after, arise from the participants involvement with the Town of Fletcher.
- 2) **Insurance.** The participant understands that we expressively waive any such claim for compensation or liability on the part of the Town of Fletcher beyond what may be offered freely by the representative of the Town of Fletcher in the event of such injury or medical event.
- 3) **Medical Treatment.** The participant and guardian hereby release and discharge the Town of Fletcher from any claim whatsoever or which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with an emergency during the minor's time with the Town of Fletcher.
- 4) **Assumption of Risk.** The guardian understands that the minor's time with the Town of Fletcher may include local transportation to and from sites and programmed indoor and outdoor activities.
- 5) **Photographic Release.** As the guardian of said minor, I grant and convey unto the Town of Fletcher all right, title and interest in any and all photographic images as well as audio or video recordings made by the Town of Fletcher during the minor's programmed time with the Town of Fletcher.
- 6) **Discipline Procedures.** I agree to the terms of discipline as stated in the Fletcher Summer Day Camp Handbook. I have been made aware that if called, I must be available to pick my child up from camp early and within an hour of notification.

Participants Name: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Date: _____

Parks & Recreation...benefits abound!

300 Old Cane Creek Road • Fletcher, North Carolina 28732 • 828.687.0751 • Fax 828.687.7133

FLETCHER SUMMER DAY CAMP 2020
Field Trip Permission Form

The Fletcher Summer Day Camp includes weekly local and out of the Town of Fletcher field trips. Activities and field trips are planned ahead of time and alternate throughout the summer depending upon the chosen weekly theme and availability. Parents will receive a schedule prior to the start of Camp.

Field trips are subject to change. Dates, destinations and details will be listed in the camp schedule received at the beginning of camp. There will be no refunds or discounts for any week in the event of a cancelled field trip.

By signing this form, I state that my child has permission to go on all field trips, both local and out of town, with the Fletcher Summer Day Camp. In cases of emergency, I give permission to the Day Camp Staff to seek appropriate medical attention for my child. I understand no other permission form will be sent home regarding these trips.

Child's Name: _____

Parent's Signature

Date

NO CHILD WILL BE ALLOWED TO PARTICIPATE IN THE FIELD TRIP ACTIVITIES WITHOUT THE PERMISSION FORM ON FILE.



FLETCHER SUMMER DAY CAMP 2020

Swimming Policies

Approximately twice per week, all campers will go swimming. If a child is in need of a swim jacket, you are responsible for providing a US Coast Guard approved life jacket. Every child granted permission to swim in deep water (above your child's waist level) will be required to pass a swim test. No child will be allowed to enter water unless there is proper supervision (a 12:1 ratio of children to adults). No rafts, toys, arm floats, boogie boards, or noodles are allowed on trips. Swim vests are permissible. Your child will be responsible for their own items at all times.

Please note the swimming capability level your child has in the water.

- ☐ My child is afraid of the water.
 - ☐ My child cannot swim but is comfortable in water up to waist level.
 - ☐ My child can only swim with the aid of a flotation device.
 - ☐ My child can only swim with their head above the water.
 - ☐ My child can put their head under water, but is not a strong swimmer.
 - ☐ My child is comfortable swimming in deep water.
 - ☐ My child is a strong swimmer.
-

Please choose one.

_____ I grant my child permission to take a swim test and upon passing allow my child to swim in deep water (above chest level) under proper supervision.

Child's Name

Parent's Signature

_____ Do not allow my child to enter water above chest.

Child's Name

Parent's Signature