

SUMMER 2010 KIDZ KAMP

Registration Form

The Colony Parks & Recreation Department

<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 5
<input type="checkbox"/> Session 6	<input type="checkbox"/> Session 7	<input type="checkbox"/> Session 8	<input type="checkbox"/> Session 9	<input type="checkbox"/> Session 10 (Super Summer)

Campers Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Email Address (**required**): \_\_\_\_\_

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

Phone: (Home #) \_\_\_\_\_ Email: \_\_\_\_\_

Parents Work #'s (Guardian #1) \_\_\_\_\_ (Guardian #2) \_\_\_\_\_

Parents Cell #'s (Guardian #1) \_\_\_\_\_ (Guardian #2) \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

If neither parent can be reached, please give us an emergency contact person(s) and phone #:

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

List any medical or behavioral problems that your child may have: \_\_\_\_\_

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

Is there any medication that your child is currently taking?       Yes       No

If Yes, what medication? \_\_\_\_\_ When is it taken? \_\_\_\_\_

Allergies? (Insect bites, medicine, food, drink, etc.): \_\_\_\_\_

Date of last DPT shot? \_\_\_\_\_

Please list any restrictions to activities: \_\_\_\_\_

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

Tell us anything about your child that we should know in order to make his/her summer camp experience a more enjoyable one:

\_\_\_\_\_

- Can your child swim?     Yes     No
- Does your child have permission to participate in supervised swim activities?     Yes     No
- Does your child have permission to be transported in insured vehicles operated by authorized transportation services and/or camp personnel with a valid drivers license?     Yes     No
- Shirt size:    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL  
(T-shirts MUST be worn on all field trips to better identify your child.)

**Please list all individuals, including yourself, who are authorized to pick-up your child from camp:**

Name-	Relationship to Camper-	Drivers License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please Note: For the safety of your child, only the individuals listed here will be allowed to pick-up your child from camp. If you need to add or delete from this list, please be sure to contact the camp staff ahead of time to make them aware of the changes.**

RELEASE OF LIABILITY

I, the parent or legal guardian of the above named participant, and in such capacity and in consideration for said minor's participation in the Kidz Kamp program and it's activities, which are put on or coordinated by the City of The Colony Parks & Recreation Department, do hereby release and discharge the said City of The Colony and it's staff from liability for any and all present or future claims regarding personal or bodily injury to said participant which might result from or be sustained during participation in this activity; whether said injury results from any act or failure to act by the City of The Colony, Texas, it's officers, agents or employees. I hereby also give my permission for my child to be given emergency medical treatment at a local hospital if I cannot be reached. I understand the nature and extent of this agreement.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

Please return this completed registration form to:

**The Colony PARD  
 ATTN: Kidz Kamp  
 5151 North Colony Blvd.  
 The Colony, TX 75056**