



# ENTERPRISE PARKS AND RECREATION ADVENTURE CAMP REGISTRATION FORM

Staff only:

Camper Name: \_\_\_\_\_ Group: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Guardian Phone #: \_\_\_\_\_

**Each child must have a Birth Certificate, Registration Form, Medical Release Form, Drop Off/Pick Up Form, and Agreement on file at the time of registration. Failure to do so will result in your child being placed on a waitlist.**

**Your Child Must Be 6-11 Years Old on September 1, 2021**

Child's Name: \_\_\_\_\_ Age as of September 1, 2021: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Primary Legal \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Primary Email: \_\_\_\_\_

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

Emergency Contact #1 \_\_\_\_\_ EC #1 Phone #: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ EC #2 Phone #: \_\_\_\_\_

**Registration does not guarantee your child's spot for the following sessions. Your payment for each session must be made the prior Thursday by 8:00 am to be considered registered for the next session. Please follow the payment schedule below.**

### 2021 Camp Sessions

(please circle which ones you plan to attend)

**Session 1:** June 7– June 18

**Session 2:** June 21-July 2

**Session 3:** July 6- July 16

**Session 4:** July 19- July 30

**NO CAMP ON 07/05**

### 2021 Payment Schedule

Session	Registration Fee	Field Trip Fee	Total	Due
Session 1	\$70	\$10	\$80	At the time of registration
Session 2	\$70	\$5	\$75	Thursday, June 17th by 8AM
Session 3	\$65	\$6	\$71	Thursday, July 1st by 8AM
Session 4	\$70	\$2	\$72	Thursday, July 15th by 8AM

\*Additional children will be discounted by \$5 each per session (not applicable for participants on the "reduced fee" plan)

### STAFF USE ONLY:

Registration Form: \_\_\_ Yes \_\_\_ No

Medical Release Form: \_\_\_ Yes \_\_\_ No

Pick Up/Drop Off Form: \_\_\_ Yes \_\_\_ No

Agreement Form: \_\_\_ Yes \_\_\_ No

Birth Certificate on file: \_\_\_ Yes \_\_\_ No

Payment Collected: \_\_\_ Yes \_\_\_ No

Staff Initials: \_\_\_\_\_



**Enterprise Parks and Recreation Dept.**  
Adventure Camp  
Drop Off/Pick Up Consent Form

Any person(s) not listed on this form will not be eligible to pick up your child. **NO EXCEPTIONS**

Must show proof of ID to drop off or pick up a child.

**List of Authorized Adults to Pick-Up Your Child:**

Name	Relationship to Child	Phone Number

**Please list any comments or concerns you may have:**

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**AGREEMENT TO SHOW PHOTO ID AT PICK-UP**

I, the undersigned parent/legal guardian of \_\_\_\_\_ (child's full name), understand that I will not be allowed to pick up my child from camp without showing photo identification if requested. I will not put the responsibility or pressure on the camp staff to remember my face in order to identify me as the person picking up my child, nor will I ask staff members or other parents to vouch for who I am. I understand that this is a safety precaution put in place to help keep my child and all the other children at Adventure Camp safe.

**I have read and understand all pick-up and drop-off procedures and policies for the Enterprise Parks and Recreation Department. I agree to abide by the policy as a condition of my child's enrollment in the summer camp program.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date



Enterprise Parks and Recreation Dept.
Adventure Camp
Medical Release Form

Parent or Legal Guardian, please complete and return the original to the Recreation Center. Failure to provide this to the Recreation Center may result in the removal of your child from our Adventure Camp. You must complete a Medical Release form for all children attending.

Please check any additional Health Concerns and explain further below:

Heart Condition Diabetic Asthma Autism
Eye/Ear Infections Convulsions Headaches Downs Syndrome
Bladder Condition Contact Lenses ADD or ADHD Behavioral Disorder
Food Allergies
Seasonal Allergies:
Other Concerns:

Other special needs, pertinent information, or issues concerning your child:

Please check your child's/dependent's swimming ability below:

Strong: no assistance needed. Medium: Can swim without assistance, but tires easily Weak: Is comfortable in the water and needs the aide of a flotation device Newbie: Cannot swim and should not be in deep water without personal assistance

Medical Release:

In the event of an emergency, I hereby give Enterprise Parks and Recreation Department and it's employees permission to seek medical attention for my child/dependent.

Initial Date

I, the undersigned parent and/or legal guardian of do hereby consent to any and all medical and surgical treatment; including, but not limited to Anesthesia and operation which may be deemed advisable by any qualified physician selected by agents or officials of the Enterprise Parks and Recreation Department. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient care be deemed advisable or necessary by any qualified physician. No action shall be taken until an attempt has been made to contact me at the phone number(s) listed below:

Signature of Parent/Legal Guardian Date
Printed Name of Parent/Legal Guardian Date



**Enterprise Parks and Recreation Dept.  
Adventure Camp  
Parental Agreement Form**

**POLICY BOOK FOR PARENTS & CAMPERS**

I, the undersigned parent/legal guardian of \_\_\_\_\_ (child's full name), have received the Policy Book for Parents & Campers and will review it with the child listed above. The program staff has answered any questions that I might have. I agree to abide by the Policy Book for Parent & Campers as a condition of my child's enrollment in the summer camp program.

Furthermore, I agree to attend one of the below Parent/Guardian Orientation Sessions.

- ◆ Wednesday, June 2nd at 6:30PM
- ◆ Friday, June 4th at 6:30PM

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**FIELD TRIPS**

I hereby give permission for the child listed above to attend all field trips sponsored by the Enterprise Parks and Recreation Department Adventure Summer Camp Program. Field trips are subject to additional fees.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Date