

DEPARTMENT OF SPORTS, PARKS & RECREATION
 SUMMER CAMPS 2011 REGISTRATION FORM

The Department's Liability Waiver must be completed, signed and returned before the camp start date or participation will not be allowed. Thank you for your cooperation.

PLEASE PRINT IN INK AND FILL OUT COMPLETELY

PRIMARY ADULT CONTACT

LAST NAME _____ FIRST NAME _____
 PHYSICAL ADDRESS: _____
 MAILING ADDRESS: _____ ISLAND _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____ WK PHONE _____ EMAIL _____
 ___ Check here if you prefer not to receive our electronic mailings
 EMREGENCY CONTACT _____ PHONE _____

ACTIVITY REGISTRATION

NO.	PARTICIPANT'S NAME	BIRTHDATE	M/F	T-SHIRT SIZE	SCHOOL	GRADE	FEE
1.							
2.							
3.							
4.							
5.							
Total Fees Paid \$ _____						Total Fees Due \$ _____	

PLEASE CHECK THE CAMP YOUR CHILD WILL ATTEND

- | | | | |
|--|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> No. ___ | <input type="checkbox"/> Swimming | <input type="checkbox"/> No. ___ |
| <input type="checkbox"/> Sports Camp | <input type="checkbox"/> No. ___ | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> No. ___ |
| <input type="checkbox"/> Winston Raymo Cultural | <input type="checkbox"/> No. ___ | <input type="checkbox"/> St. John Outdoor Adventure | <input type="checkbox"/> No. ___ |
| <input type="checkbox"/> Winston Raymo Academics | <input type="checkbox"/> No. ___ | <input type="checkbox"/> Tennis | <input type="checkbox"/> No. ___ |

PHOTOGRAPHIC RELEASE

I permit the Department of Sports, Parks & Recreation to use and publish photographs and/or videotapes of my child or children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

The Special Nutrition Programs are available to all individuals regardless of race, color, national origin, age, sex or disability. Persons who believe they have been denied equal opportunity for participation in any of these programs may write to the Secretary of Agriculture, Washington D. C. 20250.

Department Use Only

Employee Signature: _____	Amount Received: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order
<input type="checkbox"/> Check	Money Order No. _____
Check No. _____	Date Received: _____

DEPARTMENT OF SPORTS, PARKS & RECREATION

Medical Emergency Release

In the event of sudden illness, accident or injury which may occur while said minor is engaged in a program/activity supervised by the Department of Sports, Parks & Recreation's representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under circumstances by any physician licensed under the Laws of the Virgin Islands Government in consideration of my child or children participation in this program, I hereby release and discharge the VI Government (which includes its officers, employees, agents, and elected and appointed officials) from any and all claims for personal injury.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Family Physician _____	Phone _____
Insurance Company _____	Policy Group # _____
Pertinent medical history information (Epilepsy, Diabetes, allergies, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain: _____	
Parent Emergency Phone # _____	In case of emergency (if parent cannot be contacted) please notify:
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Other Health -Related Information

Is the child allergic to medications?
Is the child allergic to insect stings?
Does the child have any food allergies or dietary restrictions?
Does the child have any other significant health or behavioral problems significant to camp personnel?
Does child require medication while at camp?

Specify?
If yes, what actions should be taken?
Specify:
Specify:
If yes, please note that we cannot dispense Medication without:
_ A completed *Medication Consent Form* and
_ A physician's written and signed authorization.
Please check that you have turned in both of the above items
_ Yes, I give my permission for staff to apply sunscreen on my child.

May camp staff apply sunscreen on your child?

Code of Conduct Release

The Department of Sports, Parks and Recreation encourages a safe and healthy atmosphere by supporting an environment free from: Drugs or Alcohol, Violence, Intimidation, or Harassment, Gambling or Solicitation, Profanity, or Abusive Language, Vandalism or Property Damage. This code of conduct applies to all participants, spectators, visitors, facility users, organizations or groups, staff and volunteers in any and all Department of Sports, Parks and Recreation Activities, Programs, Field and Facility Uses.

Violation of this Code of Conduct may result in disciplinary action up to and including immediate and permanent expulsion from Department of Sports, Parks and Recreation programs, cancellation of any facilities or field reservations, forfeiture of any and all fees, and financial or other restitution for any damage. Acts conducted by a minor are the responsibility of the parent or guardian. I have read and agree to abide by the Department of Sports, Parks and Recreation Code of Conduct and accept responsibility for any acts on behalf of my child in violation of this code.

_____ Please Initial

Authorization to Walk, Ride, or Be Picked Up

My Child has permission to: _____ Walk to and from program
_____ Ride a bicycle to and from program
_____ Be picked up by the following people listed below

1. _____ Phone: _____
2. _____ Phone: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Department of Sports, Parks & Recreation

SUMMER DAY CAMPS 2011 MEDICATION PRESCRIBER / PARENT AUTHORIZATION

Camp Name: _____

Date(s): _____ Time (s): _____

CAMPER INFORMATION

Camper's Name _____ Parent/Legal Guardian Name _____

Physical Address _____ Island _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____ Email _____

Date of Birth _____ / _____ / _____ Gender M _____ F _____

_____ **No, my child does not need to take any prescription medication while at Camp.**

_____ **Yes, my child will need to take prescription medication while at Camp.**

This form must be completed fully in order for campers to administer required medication to themselves. A new medication administration form must be completed for each camp attended by the camper, for each medication, and each time there is a change in dosage or time of administration of medication. Requires licensed health care authorization and signature, and parent signature.

- Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber.
- Containers must hold only the amount required for the time the camper will be attending the Camp.
- All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to Camp under the condition that the camper can self- manage care and delivery of medication with written authorization to do so at camp by licensed health care provider.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g. on empty stomach/with water, etc.): _____

Time/ frequency of administration: _____

If PRN, frequency: _____

If PRN for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from _____ / _____ / _____ to _____ / _____ / _____

Special Storage Requirements: _____

Is the camper capable of self-managed care? Yes _____ No _____

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm this individual has been instructed in the proper self- administration of the prescribed medication (s).

Prescriber's Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/ she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Department of Sports, Parks and Recreation, its staff and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced camp.

Parent/ Guardian Signature: _____ Date: _____

Home # _____ Work # _____ Cell # _____ Email _____

SUMMER DAY CAMPS 2011

GENERAL WAIVER & RELEASE – IMPORTANT INFORMATION

The Department of Sports, Parks and Recreation (DSPR) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Department of Sports, Parks and Recreation continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if your minor child is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, premises defects and all other circumstances inherent to recreational activities/programs exists. In this regard, it must be recognized that it is impossible for the Department of Sports, Parks and Recreation to guarantee absolute safety.

WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child might sustain as a result of participating in any and all activities connected with and associated with this program /activity (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child may sustain as a result of said participation. In the event of an emergency, I authorize the Department officials to secure from any licensed hospital physician, and /or medical personnel any treatment deemed necessary for my minor child's immediate care. Parents/guardians of minor participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant or parent/guardian. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) as a result of participating in this program/activity against the Department of Sports, Parks and Recreation, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as the Department of Sports, Parks and Recreation). I do hereby fully release and forever discharge the Department of Sports, Parks & Recreation from any and all claims for injuries, damages or loss that my minor child/ or I may have or which may accrue to me or my minor child, arising out of, connected with, or in any way associated with this program/ activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. I further attest that I have read the above to my minor child.

Parent / Guardian Signature: _____ Date _____