

**Lumpkin County  
Parks and Recreation Department**

Day Camp Registration Form



Shirt Size: Youth/Adult XS S M L XL XXL

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: (Circle One) Female Male

Primary E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**-ANYONE LISTED BELOW OR ON NEXT PAGE WILL BE ABLE TO PICK-UP CHILD FROM DAY CAMP-**

1. Father/ Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Mother/ Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

5. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**LUMPKIN COUNTY PARKS AND RECREATION DEPARTMENT'S DAY CAMP PROGRAM ASSUMPTION OF RISK, WAIVER OF LIABILITY and PARENT/GUARDIAN PERMISSION FORM**

**NAME OF CHILD:** \_\_\_\_\_

In order to participate in a Lumpkin County Parks and Recreation Department's Day Camp, each participant must submit completed versions of this Assumption of Risk and Waiver of Liability and the accompanying Health Form. Participants who have not completed both forms will not be permitted to participate in camp activities until they are received.

**AGREEMENT TO PARTICIPATE**

To ensure that you and your child understand and accept the risks of participation in the Lumpkin County Parks and Recreation's Day Camp (Day Camp), you both must indicate your understanding and agreement by signing on the appropriate lines below.

**PARENT AGREEMENT**

I affirm that my child's participation in the Day Camp is entirely voluntary, and understand that participation in the Day Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in a game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Day Camp staff prior to signing this form. I also understand that, despite safety precautions, neither the Day Camp nor Lumpkin County Parks and Recreation Department can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. I understand that the best way to make sure that my child remain safe and avoid injury is to follow

the rules, regulations and instructions of the staff of the Day Camp. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Day Camp.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE**

In consideration for permitting me/my child/ward to participate in the Day Camp, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, participating in, or traveling to or from the Day Camp.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the Day Camp, Lumpkin County Parks and Recreation Department, Lumpkin County Government or its trustees, officers, employees, agents, and staff from any and all liability, claims, actions, demands, expenses, attorney’s fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my relatives, or to any property belonging to me, traveling to or from, or participating in the Day Camp.

**MEDICAL EVALUATION**

I understand that I must submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Day Camp. I further understand that I will be responsible for my medical expenses.

**TRAVEL WAIVER**

I agree that Lumpkin County Parks and Recreation Department (LCPR), Lumpkin County Government, Lumpkin County Board of Commissioners, Lumpkin County Board of Education, or any person employed by these entities will not be held liable for any legal claims arising out of unforeseeable conditions, motor vehicle accidents, and negligence. I do hereby release, absolve, and hold harmless Lumpkin County Parks and Recreation Department, Lumpkin County Government, Lumpkin County Board of Commissioners, Lumpkin County Board of Education, or any person employed by these entities, the organizers, sponsors, and anyone connected with the field trip. In case of injury to my child, I hereby waive all claims against the organizers and supervisors of the field trip. I hereby give permission for the person named above to participate in Lumpkin County Parks and Recreation Department’s Day Camp activities including field trips in approved vehicles (LCPR vehicles, Board of Education school buses, or Commercial Motor Coaches).

**PHOTO RELEASE**

I give permission for photographs taken of me/my child/ward while participating in the Day Camp to be used in marketing/public relations material in the promotion of Day Camp and/or Lumpkin County Parks and Recreation Department.

**OTHER**

I understand that in order to receive all updated information in regards to the program I must provide a current phone number and e-mail address and/or check Parks and Recreation website (<http://www.lumpkincounty.gov/park-programs/>) for updates. I understand LCPR and all affiliated programs are not licensed child care facilities and programs.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lumpkin County  
Parks and Recreation Department**

Health History and Medicine Release Form

Name: \_\_\_\_\_

The health form is kept confidential and used only by Lumpkin County Parks and Recreation Department staff (or emergency medical personnel). Every camper needs a completed health form to participate in any camp programs. Please fill out this form as completely as possible. Thank you!



**SECTION I – INSURANCE INFORMATION**

Is the camper covered by family medical/hospital insurance? Yes/ No

If yes, indicate Insurance Carrier: \_\_\_\_\_

Group: \_\_\_\_\_ Policy: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**SECTION II – MEDICATIONS**

Will camper be taking medications\* while at camp? Yes / No

\*Medications include prescription, over-the-counter, vitamins, inhalers, etc.

\_\_\_\_\_ I want the medication or medical devices self-administered.

\_\_\_\_\_ I want the medication or medical device administered by the camp staff.

1. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Take at what times each day: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Take at what times each day: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

3. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Take at what times each day: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION III – ALLERGIES**

Camper has allergies? Yes / No      If, yes what allergies does your camper is allergic to:

\_\_\_\_\_ Poison Ivy/Oak                      \_\_\_\_\_ Insect Stings                      \_\_\_\_\_ Penicillin  
\_\_\_\_\_ Other Drugs                              \_\_\_\_\_ Food                                      \_\_\_\_\_ Other

Please provide details for any checked allergy: \_\_\_\_\_  
\_\_\_\_\_

**SECTION IV – IMMUNIZATIONS**

Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus)	_____	Polio	_____
HIB (Haemophilus Influenza B)	_____	Varicella (Chicken Po	_____
Tetanus Booster	_____	MMR (Measles, Mumps, Rubella	_____
Tuberculin Test	_____	Hepatitis B	_____

**SECTION V – HEALTH HISTORY**

Please know that we value your privacy. Health History information is available only to the Park and Recreation staff. The more information you provide, the better we can do our job. Thanks!

Is the camper prone to or have a history of any of the following: (Please check all that apply)

___ Recent injury or illness	___ Measles
___ Chronic or recurring illness	___ German measles
___ Asthma	___ Mumps
___ Homesickness	___ Tuberculosis
___ Frequent Ear Infections	___ Hepatitis
___ Seizure Disorder or Convulsions	___ Joint problems (knees, ankles)
___ Dizziness during or after exercise	___ Fractures
___ Chest pain during or after exercise	___ Frequent Headaches
___ Heart Defect/Disease	___ Eating Disorder
___ Hypertension	___ Diarrhea or constipation
___ Bleeding/Clotting Disorders	___ Frequent Stomachaches
___ Diabetes	___ Wears glasses or contacts
___ Mononucleosis (in last 12 months)	___ Been Hospitalized
___ Chicken Pox	___ Wears a Medic Alert ID

Please list details for any checked health history item: \_\_\_\_\_

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Date of Last Physical Exam (Recommended within 24 months of camp) \_\_\_\_\_

Physical Activities to be limited or restricted while at Camp: \_\_\_\_\_

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**SECTION VI – AUTHORIZATION**

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_