

Camp Noble Registration Form

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Preferred Name:	M.I.:
Last Name:	Address:	
City:	State:	Zip:
Date of Birth:	Gender: _ Male _ Female _ Nonbinary	
School Child Attends:	Child's Grade in Fall:	

PARENT/GUARDIAN #1 INFORMATION (PLEASE PRINT)

First Name:	Preferred Name:	M.I.:	Last Name:
Address:	City:	State:	Zip:
Email:	Cell Phone:		
Employer:	Title:	Work Phone:	

PARENT/GUARDIAN #2 INFORMATION (PLEASE PRINT)

First Name:	Preferred Name:	M.I.:	Last Name:
Address:	City:	State:	Zip:
Email:	Cell Phone:		
Employer:	Title:	Work Phone:	

Please place a check mark by each week that you are registering for. Each week is \$80 per week per child. Camp drop-off begins at 7:30am and pickup by 5:30pm.

Camp Weeks Needed:

- June 1st – June 5th: Summer Celebration
- June 8th – June 12th: Treasure Island
- June 15th – June 18th: Once Upon a Park
- June 22nd – June 26th: Animal Adventures
- June 29th – July 2nd: Party in the USA
- July 6th – July 10th: Every Day is a Holiday
- July 13th – July 17th: Dr. Suess Week
- July 20th – July 24th: Decades of Fun
- July 27th – July 31st: Off to the Next Adventure

Parents/guardians can request a payment plan during in person or over the phone registration. \$25.00/week per child deposit will be due up front to secure your spot. Remaining balance for June weeks is due Thursday, May 14. Remaining balance for July weeks is due Thursday, June 11. Failure to pay your remaining balance by that date will result in losing your child's spot in summer camp.

Pick Up and Drop Off Authorization Form

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Last Name:	Birthdate:
-------------	------------	------------

Please list Parent/Guardians first, then all others that have permission to pick up and drop off your camper for the summer. Make sure their phone number is up to date. All persons listed will be required to present a valid ID each time when picking your camper up. All authorized persons must be at least 18 years old. Persons **NOT** listed here **WILL NOT** be allowed to take your camper from Camp Staff. This list will not be used in place of the Emergency Contact Form.

1	First Name:	Last Name:	Phone Number:
2	First Name:	Last Name:	Phone Number:
3	First Name:	Last Name:	Phone Number:
4	First Name:	Last Name:	Phone Number:
5	First Name:	Last Name:	Phone Number:
6	First Name:	Last Name:	Phone Number:

Any changes that need to be made to pick-up authorization must be done in writing. No changes will be accepted over the phone.

Preferred Form of Contact

It is very important that we can get in contact with you in case of an emergency, such as Inclement Weather, your child getting sick, returning time from field trip, etc. Please indicate below which is the best mode of contact for you.

PREFERRED FORM OF CONTACT (PLEASE PRINT)

Parent/Guardian Name:	
Is email the best form of contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Email:
Is a phone call the best form of contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Phone Number:



Emergency Contact Form

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Last Name:	Birthdate:
-------------	------------	------------

FIRST EMERGENCY CONTACT

Name:	Cellphone:
Address:	
Email:	
Relationship to Camper:	

SECOND EMERGENCY CONTACT

Name:	Cellphone:
Address:	
Email:	
Relationship to Camper:	

THIRD EMERGENCY CONTACT

Name:	Cellphone:
Address:	
Email:	
Relationship to Camper:	

FOURTH EMERGENCY CONTACT

Name:	Cellphone:
Address:	
Email:	
Relationship to Camper:	

Camp Noble Registration Form

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Last Name:	Birthdate:
-------------	------------	------------

HEALTH INFORMATION

The following questions are asked so that we may best serve your child in programs. Any information you disclose is confidential to Paducah Parks & Recreation Staff, as needed for your child's participation.

While in the program, are there any health conditions that you would like us to be aware of?

While in the program, will your child need to take medication? (We do not provide temperature-controlled storage of medical supplies of equipment.)

While in the program, are there allergies we should be aware of?

RELEASES

ACKNOWLEDGEMENT

- I have read and reviewed the entirety of the Parent Packet and understand the guidelines, policies and procedures of camp. I will follow all the requirements to the best of my ability.

Signature:

AUTHORIZATION FOR SUNSCREEN

- I acknowledge that I will sufficiently apply sunscreen to all my child's exposed skin and agree that Paducah Parks & Recreation Staff may reapply the sunscreen that I provide, if it is spray form and labeled with my child's name.

Signature:

PADUCAH PARKS & RECREATION BEHAVIOR MANAGEMENT PROCEDURES

- My child and I have read and understood the behavior expectations. My child and I have reviewed and signed the Camper Behavior Contract.
- I understand that, as the parent/guardian, there is no toleration for verbal and/or physical abuse of any staff member or program participant, including but not limited to screaming at campers and/or camp staff, using foul language towards campers and/or staff, etc.

Signature:

PADUCAH PARKS & RECREATION POLICIES & PROCEDURES

- I/We acknowledge that I have received a copy of and agree to Paducah Parks & Recreation policies and procedures (located in the Parent Handbook) for the Paducah Parks & Recreation programs, including but not limited to transportation, program rules, and parent/guardian conduct. If necessary for this program, I give the Paducah Parks & Recreation permission to transport my child.

Signature:

Parent/ Guardian and Camper Behavior Contract

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Last Name:	Birthdate:
-------------	------------	------------

I agree to make Paducah Parks and Recreation Camp Noble Summer Camp a safe place for myself, my fellow camper, and staff. For the benefit of other campers, the staff, and myself; I agree to conduct myself in the following respectful manner:

- I will respect myself and others.
- I will listen to others, including camp staff and fellow campers.
- I will control my own behavior and use appropriate language.
- I will not cause physical or emotional harm to other campers or staff.
- I will follow the camp rules and the camp schedule.
- I will respect the environment, camp equipment, property, and other campers' belongings.
- I will wear appropriate clothing and footwear for all activities at camp.
- I will follow the above rules when I am on field trips and when organizations come to visit our camp.
- I understand the disciplinary measures that will take place if the rules are not followed.

Camper Signature

Date

Parent/Guardian Signature

Date

Medication Authorization and Release Form

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Last Name:	Birthdate:
-------------	------------	------------

We ask that children attending camp please take all medications and/or vitamins before camp, unless they must be taken during camp hours. Medications required to be taken during camp hours must be administered by the child or a parent/guardian at the appropriate time. Medications prescribed by doctors that must be taken during camp hours must be brought to camp in the original containers with dosage and frequency clearly stated on the original labels. All medications must be placed in a plastic Ziploc bag labeled with the name and age of your child. Prescribed medication will be kept by staff in the first aid kits.

In the event of a medical emergency, Camp Staff will call 9-1-1 and follow all recommendations provided by dispatch. No medications will be administered by staff unless instructed to do so by dispatch and only with parent/guardian approval as provided below.

Medication such as antiseptics and acetaminophen should not be brought to camp. Camp Staff will carry antiseptics and other supplies in their first aid kits.

Please check the appropriate box below:

- My child does **NOT** require any medication during camp
- My child does need medication during camp **(please complete information below)**

My child, _____, needs to take medication during camp, as follows:

Medication: _____

Dosage of medication: _____

Time to administer: _____

Reactions or side effects child may experience after taking medication:

Medication: _____

Dosage of medication: _____

Time to administer medication: _____

Reactions or side effects child may experience after taking medication:

For all medications listed above, please indicate a note from your child's physician or the prescriber indicating the proper dosage to be administered.

Authorization and Release of Liability

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Last Name:	Birthdate:
-------------	------------	------------

I hereby authorize the designated representatives of Paducah Parks and Recreation to administer the medication described on this Medication Authorization and Release Form. It is the policy of Paducah Parks and Recreation to provide the prescribed medication to the camper or his/her guardian to self-administer in accordance with instructions listed on this form. Should the camper or his/her guardian be unable to administer the medication themselves in the event of a medical emergency, and if instructed by dispatch, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child's doctor, I hereby release the City of Paducah and Paducah Parks and Recreation, along with all of their offices, employees, and agents (referred to below as the "RELEASED PARTIES") from any and all liability for damages resulting from administration of this medication to my child. I further agree to hold harmless and indemnify the RELEASED PARTIES from any costs or expenses associated with any claim brought against them for actions taken pursuant to this Medication Authorization and Release Form, such indemnification to include attorney fees, costs of litigation or claim, or any damages or out of pocket costs incurred by the RELEASED PARTIES, their agents or representatives or employees.

Child's Name

Parent/Legal Guardian Name

Parent/Legal Guadian Signature

Date

Prescribing Physician

Physician Phone Number

Paducah Parks & Recreation Camp Waiver

CAMPER'S INFORMATION (PLEASE PRINT)

First Name:	Last Name:	Birthdate:
-------------	------------	------------

I understand that this event may be hazardous and that I (or my child) should not enter or participate unless medically able and properly trained. I voluntarily assume full responsibility for any injury, accident, or loss that may occur while traveling to or from the event, or while on the event premises. I acknowledge and assume all risks associated with participation in this event, including, but not limited to, falls, contact with other participants, effects of weather, traffic, and road or surface conditions

I hereby release and hold harmless the City of Paducah and its officers, employees, agents, and volunteers from any and all liability, claims, demands, or causes of action arising out of or related to my participation (or my child's participation) in this event, whether caused by negligence or the acts or omissions of the released parties.

I understand that the entry fee is non-refundable and non-transferable.

- I further grant full permission for the City of Paducah to use the likeness of myself (or my child) in any photographs, video recordings, motion pictures, web images, or other media recordings of this event for lawful purposes, including, but not limited to, promotion, publicity, and documentation.
- I do not grant permission for photographs, video recordings, motion pictures, website images, or other media recordings of this event for lawful purposes, including but not limited to, promotion, publicity, and documentation.

Parent/Guardian Signature

Date