

**Newton County Recreation Commission
Registration Form
Day Camp**

Child's Name: _____ Sex: (M) (F)
Last First Middle Initial
 Address: _____ City: _____ Zip: _____
 Phone #: _____ DOB: _____ Age: _____
 School: _____ Grade: _____ Shirt size: _____
completed

Mother's Name: _____ Address: (If different) _____ Phone #: _____ <small>(Hm) _____ (Wk) _____ (Cell) _____</small> Father's Name: _____ Address: (If different) _____ Phone #: _____ <small>(Hm) _____ (Wk) _____ (Cell) _____</small> Guardian information, if applicable: Name: _____ Address: _____ Phone #: _____	Weeks Selected: (Place check) Fall _____ Christmas _____ Mid-Winter _____ Spring _____ Summer: Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____ Week 6 _____
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*The information required below is essential to our Day Camp Personnel. Please be specific.
 (You may either attach an additional sheet of paper or continue on the back of this form)*

List any known allergies (e.g. bees, milk):

List any medication participant is taking (including dosage and times):

If your child needs medication during camp hours, a medical disbursement form must be completed

Please describe, if any, participant's special needs or medical problems in detail. Please note any limitations or special care that needs to be given:

Medical Waiver:

There is, By participation in recreation activities a risk of injury, and by signing this waiver you are hereby acknowledging this risk. You are waiving your right to take legal action against Newton County, The Newton County Recreation Commission, and any of the employees or volunteers working with our organization for liability should you or your child incur any injury.

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heirs, executors and administrator, waive, release, absolve, indemnify and agree to hold harmless Newton County, The Newton County Recreation Commission, and any employees or volunteers in connection with this activity.

The Newton County Recreation Commission does not discriminate on the basis of handicapped status or access to, or treatment or employment in its programs or activities.

Signature of Parent/Guardian: _____ Date: _____

Please initial to allow NCRC to use your child's name and/or photo in any advertisement/video/website: _____

**Newton County Recreation Commission
Day Camp Program**

List of approved individuals, other than parent/guardian, allowed to pick up participant:

Participant Name: _____ Age: _____

Parent/Guardian Name: _____

I, the undersigned parent/guardian, give permission to the Day Camp Staff to release my child to the individuals listed below. I understand that if I give permission to anyone not listed below, I must furnish the Recreation Staff with a handwritten note. Proper I.D. (picture) will be required of anyone picking up my child, including myself.

Name: _____

Relationship: _____ **Phone #:** _____

Name: _____

Relationship: _____ **Phone #:** _____

Name: _____

Relationship: _____ **Phone #:** _____

Name: _____

Relationship: _____ **Phone #:** _____

Name: _____

Relationship: _____ **Phone #:** _____