



2019 Summer Camp Registration Form

Payment is required to reserve your child's spot the desired sessions

For more information call: MLK Center 341-7866 or Maides Park 341-7867

NOTE: Copy of Birth Certificate is required.

Derrick Davis Center @ Maides Park 9 am-1 pm Ages: 5-11 Cost: \$15/week

June 17-21 June 24-28 July 8-12 July 15-19 July 22-26

July 29 - Aug 2 August. 5-9 August 12-16

Martin Luther King Center 7:45 am -5:30 pm Cost: \$25/week Ages: 8 - 12

June 24-28 July 8-12 July 15-19 July 22-26

July 29 - Aug. 2 August. 5-9 August. 12-16

Teen Camp @ Martin Luther King Center 7:45 am -5:30 pm Cost: \$25/week Ages: 13-14

June 24-28 July 8-12 July 15-19 July 22-26

July 29 - Aug. 2 August. 5-9 August 12-16

Child's Name: _____ Boy Girl Age: ____ Date of Birth: _____

Address _____ City _____ Zip Code _____

T-shirt size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult X-Large

Does your child swim?

Yes No To what extent? Beginner Intermediate Advanced

Parent/Guardian Name: _____ Home/Cell phone: _____

Employer: _____ Work phone: _____

Parent/Guardian Name: _____ Home/Cell phone: _____

Employer: _____ Work phone: _____

Names and ages of other children in your family who are or will be enrolled in program:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other than the child's parents or guardian, who is authorized to pick up the child? Only persons over the age of 18, authorized in writing by the parent/guardian may pick up a child. Please note that a photo ID is required at time of pick up.

Name: _____ Work phone _____ Home/Cell phone _____
Name: _____ Work phone _____ Home/Cell phone: _____
Name: _____ Work phone _____ Home/Cell phone: _____

List any limitations to program activities:

Does child have or had allergies? Yes No

If yes, please specify: _____

Does child have or had seizures? Yes No If yes, please specify _____

Type of seizure _____ Frequency _____

List any medications presently being taken by the child that are prescribed by a physician:

Medication _____ for _____ Dosage _____ Time _____

Medication _____ for _____ Dosage _____ Time _____

Emergency Notification

Please identify persons to notify if the parent or guardian of the child cannot be contacted in case of an emergency:

Name _____ Relationship _____

Home Phone _____ Business phone _____

Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Business phone _____

Cell phone _____

Please Check on box for each question and sign where indicated.

My child will be walking **to** the program on a regular basis. Yes No

My child will be walking **from** the program on a regular basis. Yes No

Parent/Guardian Signature: _____ Date: _____

Parents please initial next to the statement and sign below:

_____ *By signing this form I understand and agree to abide by all policies including disciplinary actions that is contained in the parent information packet prior to attending camp.*

_____ *I understand that no refunds will be issued. Household credit will be issued for certain circumstances. Please see parent handbook for additional information.*

Parent/Guardian Signature: _____ **DATE:** _____

FOR STAFF USE ONLY

Date t-shirt issued: _____

Date Birth Certificate Received: _____

Late Pick Up Record

Date _____ Time _____ Comments _____

Date _____ Time _____ Comments _____

Date _____ Time _____ Comments _____

Other

Notes: _____



**Maides Park Summer Camp
Participant Permission and Release Form**

Pool Transportation Waiver

As parent/guardian of _____, my minor child. I hereby give my permission for him/her to participate in the field trip including, but not limited to, riding in the City of Wilmington's vehicle on the date and at the time and location listed below:

Date: Tuesdays & Thursdays (6/17/19- 8/16/19)

Time: 10-11:30 am

Starting Location: Maides Park

Destination: Robert Strange Pool (401 S 10th St, Wilmington, NC 28401)

In consideration of my child's participation, I hereby release and hold harmless the City, its agents, officers and employees from and against any and all claims, demands, causes of action or other liability on account of damages arising out of my child's participation in the field trip listed above including, but not limited to, riding in the City's vehicle.

I have read and understand the above.

Parent/Guardian Signature _____

Print Name: _____

Date: _____

Center Information:

Maides Park, 1101 Manly Ave, Wilmington

Phone: 910-341-7867 or 341-0096

Recreation Coordinator- Ryan Brill (910-341-0096) (ryan.brill@wilmingtonnc.gov)



SUMMER CAMP WAIVER

Please initial next to each statement and sign at the bottom

_____ I understand no refunds will be issued/household credit will be issued

_____ I understand photo/video may be taken of camp Read the photo policy

_____ I understand that my child must participate in all activities provided

_____ I understand my child must follow behavior management rules and follow from directions from staff and youth counselors.

_____ I understand that if my child doesn't adhere to rules there will be disciplinary actions which may include no field trip (child can't attend camp the day of the trip), suspension or sitting out activities such as pool time.

_____ I understand that all camp participants must be signed by 9:30 a.m. at either location.

_____ I understand that my child cannot be dropped off or picked up from offsite locations such as field trips and other activities.

_____ I understand that one t-shirt will be provided to my child for camp. Participant must wear camp t-shirts on ALL field trips. Any replacement t-shirt will cost \$10.

Camper's Name: _____

Parent's Printed Name: _____

Parent Signature: _____

Date: _____

Questions:?

Maides Park – 341.7867 or 341.0096

MLK Center – 341.7866 or 341.0056