



SUMMER CAMP

EMERGENCY FORM, WAIVERS, PARENT NEED TO KNOW INFO

****PLEASE PRINT CLEARLY AND
FILL OUT ONE PACKET PER CHILD.**

Child's Name: _____

Birth Date (MM/DD/YYYY): _____/_____/_____ Age: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell Number: _____-_____-_____ Father's Cell Number: _____-_____-_____

E-mail: _____@_____.

Address: _____

City/State/Zip Code: _____

In the event that neither parent is available during an emergency, please notify:

Name: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

In addition to the above listed adults, these following adults (18+) have permission to pick up my child: **(We will not release your child to anyone who is not on this emergency form).**

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Are there accommodations, medical concerns or allergies we need to be aware of?

Will your child be taking medication while at summer camp? **(If so, please fill out Med Form.)**

Yes: _____ No: _____

I am aware it is recommended for my child to not bring a cell phone, electronic device or gaming console to camp. I understand if we do bring something, Munster Parks will not be held liable to any damages. **Initials:** _____

Campers are separated into pods weekly. You can request they are placed with a friend of the same age, however, do understand this is not guaranteed.

Friend preference: (1) _____, (2) _____



SUMMER CAMP

EMERGENCY TREATMENT RELEASE

As a parent or guardian of previously named camper, I do herewith authorize the treatment, by a qualified and licensed medical doctor, of the above listed minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort, if delayed. This authority is granted only after a reasonable effort has been made to reach me. I agree that I will be responsible for payment for any and all medical services provided. I also declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by and declarations or representations of Munster Parks and Recreation or its employees.

I further understand that the Town of Munster, Board of Parks and Recreation, Munster Parks and Recreation, its employees, and the School Town of Munster will not be held responsible or liable for injuries or damages to person or property through my child's participation in Munster Parks and Recreation's summer camp.

Initials: _____

PERMISSION TO PARTICIPATE

I grant my child permission to participate in a variety of activities the staff has planned throughout this summer. These may include but are not limited to walking to Munster Community Pool, School Town of Munster facilities, arts and crafts, science experiments, dodgeball, basketball, "tag" games, playground time, trips, rainy day movies, etc.

Initials: _____

PUBLICITY PHOTOGRAPHS AND VIDEO TAPING

I grant permission for Munster Parks and Recreation and local news media to use photographs of my child in various publications the park department may produce. These include, but are not limited to the Seasonal Recreation Guide, news and press releases, Tri-folds, brochures, flyers and our Facebook/Instagram account.

Initials: _____

ADDITIONAL FEES

I understand there are three ways I could be charged an additional fee while my child is attending Munster Summer Camp. 1. If I register my child after 4:30pm the Friday prior or the week of camp, I understand I will be charged an additional \$15 late fee per child (if openings are available). 2. If I am late picking my child up from camp - past 6pm, I understand I will be charged an additional \$1/minute per child. Staff will have a spreadsheet they will in turn sign if late. The official time will go by Head Staff's watch or cell phone - whichever is earlier. This fee is expected to be collected within the week of late pick-up. If we call and you do not return the message to pay, you will be invoiced by our Clerk-Treasurer's Office. If the invoice goes unpaid, you will be sent to a Collection Agency. 3. Each camper will be given a field trip shirt on their first outing. Should they lose their shirt during the summer and a replacement is needed for a trip day, parents will be charged a \$5 fee.

Initials: _____

FIELD TRIP PERMISSION SLIP

I give my child permission to go on weekly field trips with the Munster Parks and Recreation Summer Camp. The School Town of Munster will provide school bus transportation. Trip and transportation fees are included in your weekly registration fee and will be paid for by Munster Parks and Recreation.

Initials: _____

SUMMER CAMP

DISCIPLINE POLICY AND AGREEMENT FOR SUMMER CAMPS

I, as a parent/guardian understand that the child disciplinary policy is as follows ...

Offense #1: Warning given to camper.

Offense #2: Warning and consequence given to the camper.

Offense #3: Warning and consequence given to the camper. Parent/Guardian will be notified.

These offenses will reset daily to each camper. Depending on the nature of the infraction, the discipline may be more severe and steps may be skipped. There is a no tolerance policy when drugs or alcohol are used and threats of guns, knives or harming another camper are involved. Each Monday, the staff will review the rules and regulations for the upcoming week. Written documentation will follow each offense.

I, as a parent/guardian, have read and understand the child disciplinary policy. I also understand, that if my child is expelled from camp due to his/her behavior, I will forfeit my right to a refund for the current week and any future weeks already paid for.

Child Signature: _____ Parent Signature: _____

(If child is not present to sign, they will sign at camp.)

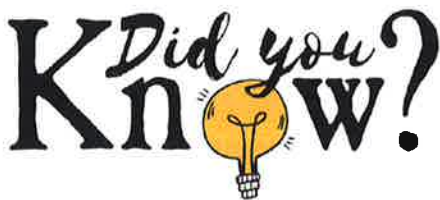
MUNSTER COMMUNITY POOL - LIFE VEST

Community Hospital sponsors life vests for Munster Community Pool. If your child already knows how to swim, please check N/A below. If you wish for your child to wear a life vest while attending Munster Community Pool, please check below.

_____ -- N/A

_____ -- My child has little/no experience, so he/she needs to wear a life vest.**

****If your child declines to wear the provided life vest, he/she will not be allowed into or near the water. If you feel your child can be without a life jacket half-way thru the summer, we will need a letter in writing stating the change. Per the Munster Pool Manager, if your child is observed by staff struggling in the water, they will be required to wear a life vest.**



We provide specialized swim lessons to full day campers for an additional cost. If you're interested, contact us for more information.

You get your child to the Pool; we'll get them to camp.

By signing this emergency packet for my camper, I understand camp registration fees are non-refundable. I understand full day campers are to be dropped anytime between 7-9AM. I understand half day campers must be dropped off at 12PM (no earlier). I understand that my camper should be picked up no later than 6pm, otherwise late fees apply.

Parent/Guardian Signature

_____/_____/_____
Date

2023



SUMMER CAMP

Only if your child will need to take medication while at summer camp will you need to submit this form.

Summer Camp Medicine Distribution Form

Name of Child _____

Name of Medication _____

Dosage _____

Times _____

Doctor's Name/Phone # _____

In the case of an inhaler, this can be kept in the camp backpack depending on the needs of the participant. Please indicate on this form the location that best suits the needs of your child.

_____ My child is capable of distributing his/her medication fully. I, as a parent, am just making you aware of this medication will be at camp. I do also understand that should my child forget to take medication while needed, camp staff will not be held liable.

_____ I prefer Head Staff hold onto all medications in their backpack and disperse. I will give training to the staff if needed. **Medication MUST be clearly labeled with the Patient's Name, prescription, dosage and any other pertinent information. Only put enough medication for one week of camp.**

I, understand that the above prescription for, my child will be distributed under the directions given above by the Camp Director or an another head staff member. I further understand, this person is NOT a licensed nurse, doctor or health care provider.

Parent's Signature: _____ Date: ____/____/2023