

2014 KIDZ KAMP
Registration Form
The Colony Parks & Recreation Department

Campers Name: _____ Grade 2014-15 School Year: _____ Birth Date: _____ Age: _____

Parents Name(s): _____

Email Address (**required**): _____

Address: _____

Phone: (Home #) _____ Email: _____

Parents Work #'s (Mom/Guardian #1) _____ (Dad/Guardian #2) _____

Parents Cell #'s (Mom/Guardian #1) _____ (Dad/Guardian #2) _____

Physicians Name: _____ Phone #: _____

If neither parent can be reached, please give us at least one emergency contact person(s) and phone #:

Emergency Contact #1 _____

Emergency Contact #2 _____

List any medical or behavioral problems that your child may have: _____

Is there any medication that your child is currently taking? Yes No

If Yes, what medication? _____ When is it taken? _____

Allergies? (Insect bites, medicine, food, drink, etc.): _____

Date of last DPT shot? _____

Please list any restrictions to activities: _____

Tell us anything about your child that we should know in order to make his/her summer camp experience a more enjoyable one:

- Can your child swim? Yes No
- Does your child have permission to participate in supervised swim activities? Yes No
- Does your child have permission to be transported in insured vehicles operated by authorized transportation services and/or camp personnel with a valid drivers license? Yes No
- Shirt size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

(T-shirts MUST be worn on all field trips to better identify your child.)

Please list all individuals, INCLUDING YOURSELF, who are authorized to pick-up your child from camp:

Name-	Relationship to Camper-	Drivers License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Note: For the safety of your child, only the individuals listed here will be allowed to pick-up your child from camp. If you need to add or delete from this list, please be sure to contact the camp staff ahead of time to make them aware of the changes.

RELEASE OF LIABILITY

I, the parent or legal guardian of the above named participant, and in such capacity and in consideration for said minor's participation in the Kidz Kamp program and it's activities, which are put on or coordinated by the City of The Colony Parks & Recreation Department, do hereby release and discharge the said City of The Colony and it's staff from liability for any and all present or future claims regarding personal or bodily injury to said participant which might result from or be sustained during participation in this activity; whether said injury results from any act or failure to act by the City of The Colony, Texas, it's officers, agents or employees. I hereby also give my permission for my child to be given emergency medical treatment at a local hospital if I cannot be reached. I understand the nature and extent of this agreement.

Signature of Parent / Legal Guardian

Date

Please return this completed registration form to:

**The Colony PARD
ATTN: Kidz Kamp
5151 North Colony Blvd.
The Colony, TX 75056
972-624-2281 fax**