

NOTE: The Supply Fee must be submitted with this form.

TIFT COUNTY RECREATION DEPARTMENT 2016 Summer Day Camp Registration

Hours: 7:45 a.m. - 6:00 p.m. THERE IS A FIVE DOLLAR (\$5) LATE PICK-UP FEE EACH 15 MINUTES.

CHILD LAST NAME: _____ FIRST NAME: _____ MI: _____

MAILING ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____ IN CITY LIMITS? (Y/N): _____ HOME PHONE: _____

MOTHER WORK PH: _____ MOTHER CELL PH: _____ E-Mail-M: _____

MOTHER'S PLACE OF EMPLOYMENT & ADDRESS: _____

FATHER WORK PH: _____ FATHER CELL PH: _____ E-MAIL-F: _____

FATHER'S PLACE OF EMPLOYMENT & ADDRESS: _____

DAYCAMP SHIRT MUST BE WORN ON ALL FIELD TRIPS AND SPECIAL OUTINGS.
(Please Circle Shirt Size): WRONG SIZE/REPLACEMENT SHIRTS ADDITIONAL FEE.

YOUTH SIZE: SM MED LG XL ADULT SIZE: SM MED LG XL XXL

DATE OF BIRTH: _____ AGE: _____ SEX (M/F): _____

PARENTS NAME: MOTHER: _____ FATHER: _____

HAS YOUR CHILD PARTICIPATED IN ANY TCRD ACTIVITY BEFORE? (Y/N): _____
WOULD YOU LIKE TO PURCHASE RECREATION INSURANCE? (\$7.50 PER CHILD) (Y/N): _____

EMERGENCY INFORMATION:
EMERGENCY CONTACT (OTHER THAN PARENT): _____ RELATION: _____
CONTACT PHONE: HOME: _____ WORK: _____ CELL: _____
PHYSICIAN: _____ ON MEDICATION? (Y/N): _____

MEDICATION NAME: _____

LIST ANY KNOWN ALLERGIES: _____

PLEASE DESCRIBE CHILD'S SPECIAL NEEDS IN DETAIL. (ANY LIMITATIONS OR SPECIAL CARE)

DOES CHILD HAVE SEZURES? YES _____ NO _____ IF YES, PLEASE DESCRIBE IN DETAIL: _____
DATE OF MOST RECENT SEZURE: _____

MISC COMMENTS: _____

AUTHORIZATION IS GIVEN FOR THE FOLLOWING INDIVIDUALS TO PICK UP MY CHILD:
Authorized Pick-Up Cards will be issued and checked upon child departure.

Name: _____ Home Phone: _____ Work Phone: _____

**** FOR TCRD USE ONLY ****

\$15.00 Registration Supply Fee

\$7.50 Sports/Recreation Accident Insurance

PAYMENT	DATE PD	INITIAL
_____	_____	_____
_____	_____	_____

2016 TCRD Summer Day Camp Registration – pg 2

Childs Name: _____

**** FOR TCRD USE ONLY ****

Parent: KAC: DFCS:

AMOUNT TO BE PAID WEEKLY By: _____

SESSION INFORMATION:	<u>AMT</u>	<u>PD</u>	<u>PAYMENT</u>	<u>DATE</u>	<u>PD</u>	<u>INITIAL</u>
SESS 1: 5/31-6/03 M: <u>H</u> T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 2: 6/06-6/10 M: ___ T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 3: 6/13-6/17 M: ___ T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 4: 6/20-6/24 M: ___ T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 5: 6/27-7/01 M: ___ T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 6: 7/04-7/08 M: <u>H</u> T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 7: 7/11-7/15 M: ___ T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 8: 7/18-7/22 M: ___ T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____
SESS 9: 7/25-7/29 M: ___ T: ___ W: ___ TH: ___ F: ___	_____	_____	_____	_____	_____	_____

TCRD DAY CAMP DISCIPLINE/RULES:

Discipline:

The Tift County Recreation Department Summer Day Camp Program is designed to be a flexible program which provides safe and appropriate care for its campers. Positive reinforcement principles will be used in dealing with children. If a child becomes a discipline problem while attending day camp, a conference will be arranged between the parent and the staff. If problems persist and affect the safety and educational enrichment of the other children in the program or the condition of the facilities or equipment, TCRD reserves the right to suspend and/or expel a child from the program. Written warnings will be sent to the parent or guardian. At the third warning the child will be suspended. Depending on the severity of the infraction, suspension could be for one or more days. At the fourth warning, the child will not be allowed to return to the program. No refund of fees will be given if your child has been suspended or expelled. Suspensions or expulsions will be handled by the Day Camp Coordinator and/or Recreation Staff.

We expect each camper to follow the rules of behavior as stated in the Rules Section of this handbook. Inappropriate behavior will be dealt with on an individual basis. Having a child "sit-out" of an activity is generally the most appropriate form of discipline. If necessary, behavioral contracts may be used. Violation of a behavioral contract will also be taken seriously, with program dismissal a possible consequence. If the problem persists, or the child's behavior is deemed severe, the parent will be informed in person along with written notification. The child's name and dates of notification will be recorded on the TCRD Summer Day Camp Disciplinary Log.

DAY CAMP RULES:

1. KEEP HANDS, FEET, AND OTHER OBJECTS TO YOURSELF AT ALL TIMES.
2. NO "HORSEPLAY" OR "ROUGH HOUSING."
3. LISTEN TO AND RESPECT ALL SITE COORDINATORS AND COUNSELORS.
4. STAY OFF BLEACHERS UNLESS TOLD TO BE THERE.
5. USE EQUIPMENT THAT IS PLACED OUT BY CAMP STAFF **ONLY**.

CONSEQUENCES OF BREAKING ANY OF THE RULES:

1. WARNING
2. 10 MINUTES OUT OF ACTIVITY WITH A WRITTEN LETTER OF APOLOGY BY PARTICIPANT
3. LOSS OF ACTIVITY WITH A WRITTEN LETTER OF APOLOGY BY PARTICIPANT
4. WRITTEN WARNING LETTER IS SENT HOME TO PARENTS WITH A WRITTEN LETTER OF APOLOGY BY PARTICIPANT
5. SUSPENSION FROM CAMP
6. EXPELLED FROM CAMP

It is recommended that your child leave their cell phone, toys or other personal items at home.

Childs Name: _____

PLEASE READ AND SIGN: (Bottom of Page)

TCRD Summer Day Camp is a government exempt program and is not required to be licensed by the state. Feel free to contact Bright from the Start Georgia DECAL (404-657-5562) and website address (www.decals.ga.gov). By signing below you acknowledge that you have been advised and understand this program is not licensed.

DISCIPLINE:

I HAVE READ AND UNDERSTAND TCRD DAY CAMP RULES AND DISCIPLINARY REQUIREMENTS AND ACKNOWLEDGE THAT MY CHILD OR CHILDREN MAY BE DISCIPLINED OR REMOVED FROM TCRD DAY CAMP PROGRAM IF MY CHILD OR CHILDREN VIOLATE ANY OF ITS PROVISIONS.

PARTICIPATION/TRANSPORTATION CONSENT:

I HEREBY GIVE PERMISSION FOR THE CHILD LISTED TO PARTICIPATE IN THE ACTIVITY LISTED ON THE REGISTRATION FORM. I HEREBY ACKNOWLEDGE THAT THERE ARE OBVIOUS RISKS OF INJURY INVOLVED IN PARTICIPATION IN ALL SPORTS ACTIVITIES AND, SPECIFICALLY, THE SPORTS ACTIVITY FOR WHICH I HAVE REGISTERED MY CHILD AS SET FORTH ABOVE. I THE PARENT/GUARDIAN OF SAID CHILD, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE AND INDEMNIFY AND AGREE TO HOLD HARMLESS THE TIFT COUNTY RECREATION DEPARTMENT, TIFT COUNTY COMMISSIONERS AND ITS EMPLOYEES AND AGENTS, THE SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE CHILD TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO THE CHILD, I DO HEREBY COVENANT THAT ON MY BEHALF AND FOR THE MINOR NOT TO FILE A CLAIM OR BRING SUIT WITH RESPECT TO ANY SUCH INJURY OR DAMAGE. I further understand that Tift County Recreation programs are recreational and that if my child, I or my spouse should exhibit continued unsportsmanlike conduct, my child may be removed from the program at the discretion of the department. Permission is granted for my child to appear in still or motion pictures using my child's name for educational, promotional or other proper purposes.

CONSENT OF TREATMENT:

I ALSO GIVE PERMISSION TO A REPRESENTATIVE OF THE TIFT COUNTY RECREATION DEPARTMENT AND/OR OTHER SPONSORING AGENCY/AGENT, LICENSED PHYSICIAN, AND EMERGENCY MEDICAL PERSONNEL TO OBTAIN MEDICAL TREATMENT FOR THE MINOR OF WHICH I AM EITHER PARENT/GUARDIAN SHOULD THE CHILD BECOME INJURED OR ILL IN THE EVENT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. THE PHYSICIANS, MEDICAL PERSONNEL, AGENTS, TIFT COUNTY COMMISSIONERS, OR EMPLOYEES OF THE TIFT COUNTY RECREATION DEPARTMENT ARE HEREBY RELEASED FROM ANY CLAIM WITH RESPECT TO SUCH INJURY DURING THE EVENT OF PROGRAM, INCLUDING TRANSPORTATION TO OR FROM THE EVENT AND/OR TO ANY PROGRAM. I UNDERSTAND THAT IF HOSPITALIZATION OR MEDICAL TREATMENT OF A MORE SERIOUS NATURE IS REQUIRED I WILL BE CONTACTED IF AT ALL POSSIBLE, BY TELEPHONE FOR PERMISSION. I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF THE ABOVE RELEASES AND WILL BE BOUND THEREBY. I understand that health or accident insurance which would cover my child's medical, hospital, or related expenses in the event of an injury in this activity is my responsibility.

FIELD TRIP PERMISSION:

I GIVE PERMISSION FOR MY CHILD TO GO ON SUPERVISED FIELD TRIPS AND BE TRANSPORTED TO AND FROM SITE BY DAY CAMP PERSONNEL

Parent/Athlete Concussion Information Sheet:

By signing below, I agree that I have been provided and have reviewed a copy of the TCRD Parent Handbook, Registration Form & the Parent/Athlete Concussion Information Sheet. I understand that concussions are one of the most commonly reported injuries in children who participate in sports and recreational activities. I further understand that the risk of long-term, chronic cognitive, physical, and emotional symptoms associated with the development of post-concussion syndrome and chronic traumatic encephalopathy, as well as the risk of catastrophic injuries or even death, is significant when a concussion or head injury is not properly recognized, evaluated, and managed. I further recognize that continuing to play with a concussion or symptoms of head injury leaves a youth athlete especially vulnerable to great injury and even death. I understand and agree that should my child exhibit signs of a concussion I will remove my child from play/activity immediately and not allow my child to participate until a health care professional has released my child to resume activity.

Summary of Authorization and Consent:

- Acknowledge TCRD Summer Day Camp is a government exempt program**
- Acknowledge Read and Understood DISCIPLINE Statement and Rules**
- Acknowledge Consent, Read & Understand PARTICIPATION/TRANSPORTATION CONSENT**
- Acknowledge Consent, Read & Understand CONSENT OF TREATMENT**
- Acknowledge Consent, Read and Understand FIELD TRIP PERMISSION**
- Acknowledge Read and Understood Parent/Athlete Concussion Information Sheet & Responsibilities.**

Parent/Guardian Name giving Consent and Authorizing Participation- **PRINTED** _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Athlete Concussion Information Sheet

(This information was taken from CDC Website and CDC Parent/Athlete Information Sheet)

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment
- Forgets an instruction
- Is unsure of
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETES:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

• One pupil larger than the other	• Becomes increasingly confused, restless, or agitated
• Is drowsy or cannot be awakened	• Has unusual behavior
• A headache that not only does not diminish, but gets worse	Remember Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.
• Weakness, numbness, or decreased coordination	
• Repeated vomiting or nausea	
• Slurred speech	
• Convulsions or seizures	
• Cannot recognize people or places	
• Loses consciousness (even a brief loss of consciousness should be taken seriously)	

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent/Legal Guardian Signature

Date