



# EPRD 2022 SUMMER DAY CAMP REGISTRATION FORM

**AGES 6 -12      \*age as of September 1, 2022**

Date _____
CA _____ CK _____
Amount Collected _____
<b>Registration # _____</b>

CAMPER'S FULL NAME: \_\_\_\_\_ MALE / FEMALE      AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL ENTERING IN SEPT. 2022: \_\_\_\_\_ GRADE: \_\_\_\_\_ T-shirt Youth size \_\_\_\_\_

PARENT / GUARDIAN (S) FULL NAME (S):

1) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Please check the ethnic group the child most identifies with:**     Caucasian /White     Hispanic /Latino     Asian     Indian or Alaska Native     African American/Black     Native Hawaiian or other Pacific Islander     Cape Verdean     Two or More

**PLEASE CHECK EACH WEEK YOUR CHILD WILL ATTEND:**  
**Camp is held Monday – Friday 8:30am – 3:30pm      FEE: \$85 per week**

**WEEK 1:** \_\_\_\_\_    **WEEK 2:** \_\_\_\_\_    **WEEK 3:** \_\_\_\_\_    **WEEK 4:** \_\_\_\_\_    **WEEK 5:** \_\_\_\_\_    **WEEK 6:** \_\_\_\_\_  
*June 27 – July 1      July 5 – 8 (no 7/4)      July 11 –15      July 18 – 22      July 25- 29      August 1 - 5*

### **SUMMER CAMP CHILD RELEASE PROCEDURES**

**\*Please check only one child release procedure.**

Parents will select one of three options for the release of their child. The list below should include those other than the parent /Guardian listed above. \* In order for release options to be changed, parent/guardian must do so at the Recreation Center office.

\_\_\_ **OPTION A: OPEN RELEASE:**    **The Child is allowed to leave at the conclusion of the camp.**  
 This option should be used for walkers, children meeting parents in the parking lot, and car pool participants.  
**My child may (please check all that apply)    walk home: \_\_\_\_\_    Ride his/her bike: \_\_\_\_\_**

\_\_\_ **OPTION B: GENERAL RELEASE:**    **The child will be released to an adult.**  
 If the adult is other than the Parent/ Guardian the adult must be on the authorized list. Proof of identification may be required if the Supervisor is unfamiliar with the individual picking up the child. This option should be used for younger children who may be picked up by various individuals or by parents who desire enhanced child release procedures. ***(Please note that if the individual is not on the authorized list, the child will not be released until permission is obtained from parent/guardian).***

\_\_\_ **OPTION C: RESTRICTED RELEASE:** ***\*Please note: A valid ID must be presented each time the child is picked up, without exception!*** By Checking this option your child will **ONLY** be released to an adult on the authorized list below or by parent listed above showing a photo ID as proof of identification. This option should be used for extreme Circumstances (i.e. custody issues, court ordered issues, etc.)

#### **Authorized Pick-up List**

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*In permitting my child to participate, I am specifically granting permission to the East Providence Recreation Department to use the likeness, voice, and words of participant in all print, audio and visual media for the purpose of advertising or communicating the activities of the summer camp.*

In consideration of said participation, I hereby release and discharge The East Providence Recreation Department, The City of East Providence, RI, all agents, employees, and any other associations connected with these agencies, their representatives, successors and assigns from any and all liability for any and all claims arising out of any personal injuries, damages, expenses, and losses resulting from my participation in recreation programs/events. Furthermore, I hereby waive all such claims against the parties mentioned herein. I acknowledge the risks involved in recreational activities and state that I assume all risks.

Signature indicates registrant agrees with all registration policies. Registration is not complete without signature.

**Parent/Guardian must complete the following:**

**In case of MEDICAL EMERGENCY I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the East Providence Recreation Department to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of participant.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_