



Summer Day Camp Registration

Name of Child: _____
Last First Middle Name Preference

Address: _____

Child's Age: _____ Birth Date: _____ Grade Level Completed (as of 6/8): _____

INFORMATION ABOUT THE FAMILY:

T-Shirt Size (circle one): YS YM YL S M L XL

Parent/Guardian 1: _____

Home Phone: _____

Address: _____

Email: _____

Employer: _____

Work Phone: _____

Parent/Guardian 2: _____

Home Phone: _____

Address: _____

Email: _____

Employer: _____

Work Phone: _____

In addition to the parents/guardians, please list the names of persons the child may be released to:

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies (such as dust, medication, plants, animals, food, etc.)?

If yes, please list (be specific) _____

Please give any information concerning your child that will be helpful in creating a positive experience in group living (i.e. eating, playing, and sleeping habits; special fears, likes, and dislikes)

EMERGENCY CARE INFORMATION:

Child's Physician: _____

Office Phone: _____

Office Address: _____

Child's Dentist: _____

Office Phone: _____

Office Address: _____

Hospital Preference: _____

If neither parents nor guardians can be contacted, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I agree that the camp staff operator may authorize the physician of his/her choice to provide emergency care in the event that neither the physician nor I can be contacted immediately.

_____ Date

_____ Signature of Parent

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Field Trip Waiver Form

Child's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Medical Insurance Company Name: _____

Insurance Policy Number: _____

Person to notify in case of an emergency: _____

Address: _____

Home Phone: _____ Work Phone: _____

Waiver of Claims and Release from Liability and Indemnity Agreement

I do hereby release Morehead City and the Morehead City Parks & Recreation Department, their staff, elected and appointed officials, sponsors, and representatives from any and all liability, and for any claims, demands, or causes of action arising out of or by reason of the above trip/activity for which I have registered. I further state and affirm that I am aware of the fact that the aforesaid trip/activity, even under the safest conditions possible, may be hazardous, that I assume the risk of any and all loss of damage to property and/or bodily injury, including death, however caused, resulting from, arising out of, or in any way connecting with the aforementioned trip/activity. I am of legal age and competent to sign this Waiver of Claims and Release from Liability and Indemnity Agreement. I have read and understand all of the provisions herein. I have had time and opportunity to read and understand this Waiver of Claims and Release from Liability and Indemnity Agreement and to consult anyone of my choice. I, the above named candidate, also agree to save harmless Morehead City and the Morehead City Parks & Recreation Department and any of their agents or representatives from and against any and all claims and liability and causes of action at law for loss, damage, or injury (including death) to persons and/or property arising or occurring as a result of participating in the aforementioned trip/activity.

Signature of Parent or Guardian

Date