



# Aberdeen Township Summer Camp Information Permission Slip & Release of Claims

**Child's Name (Please Print):** \_\_\_\_\_

**Which week(s) is your child attending:** \_\_\_\_\_

**Grade your child will be entering next fall:** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

## **Participation:**

I, the undersigned parent and/or legal guardian of the applicant (hereinafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in the Aberdeen Township Summer Adventures Program. I verify that the aforementioned information is current and accurate to the best of my knowledge.

## **Release of Claim:**

I, the undersigned, hereby agree to indemnify and hold harmless the Township of Aberdeen from any and all claims or actions whatsoever arising from the participation of my child in the Township of Aberdeen Summer Adventures Program.

## **Permission to Participate:**

In permitting the Entrant to participate, I am specifically granting permission to you to use the name, likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines, and other media, and in any form not heretofore activities of the Township of Aberdeen Summer Adventures Program and in appealing for funds to support such activities.

I, the undersigned, am the parent/guardian of the aforementioned Entrant. I have read and fully understand the provisions of the above release and have explained them to said Entrant. I hereby agree that said Entrant and I will be bound thereby.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Aberdeen Township Summer Camp Information Medical Form

Child's Name (Please Print): \_\_\_\_\_

Please list any Health/Medical Conditions we should be aware of:

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Please list any Medication/Allergies\* we should be aware of:

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**\*Camper(s) must be able to administer their own medications. Camp Staff will not administer medication. There will be staff members on site who are First Aid and CPR certified. Camp is limited to first aid only, and any medical situation that is beyond the scope of basic response will be referred to the township EMS.**

I represent and warrant to you that I am aware of the various physical activities that my child will be participating in and state that the Entrant is physically and mentally able to participate in the Township of Aberdeen Summer Adventures Program.

## Consent to Treatment:

I authorize such physician or medical staff as the Summer Adventure Program may designate to carry out any minor medical or surgical treatment and/or medication necessary, or take the above named participant to the emergency room of the nearest hospital, and I further authorize the hospital and medical staff to provide treatment deemed necessary by them for the wellbeing of such participant. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, by telephone for permission.

Emergency Medical Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Medical Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Medical Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Aberdeen Township Summer Camp Information Behavioral Policy

**Child's Name (Please Print):** \_\_\_\_\_

Aberdeen Township looks to provide every child with a positive camp experience. Each camper has a responsibility to conduct themselves in a manner that is in the best interests of the camp, its campers, and its staff. Campers shall respect themselves and others as well as be responsible for their words and actions. Campers at all time will follow directions from staff.

### **What will happen?**

If an incident occurs where a child conducts himself/herself in such a manner which jeopardizes their safety, the safety of others the following steps will be taken.

- **First Violation:** A staff member will address and document the issue directly with the child and remind the child of such behavior.
- **Second Violation:** A staff member will address and document the issue directly with the child. The parent or guardian will receive a phone call and may be asked to pick up their child. The child may or may not be allowed to attend camp the next day that he/she is registered for.
- **Third Violation:** A staff member will address and document the issue directly with the child. Parents will be contacted immediately to pick up their child from camp. The child may be suspended for the day or week that he/she is registered for depending on the severity of the incident.

\*Please Note: We reserve the right at any time to dismiss your child from the program immediately if we deem unsafe placement due to environment, physical, emotional, or other harm to themselves, other children, and staff.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Aberdeen Township

## Summer Camp Information

### Parent/Guardian Pick-Up Authorization Form

Child's Name (Please Print): \_\_\_\_\_

In addition to the parent registration information, please list the names of any possible persons authorized to pick up the above referenced child. **Please note:** Photo ID must be presented at time of pick up.

**NO CAMPER WILL BE RELEASED FROM CAMP TO ANYONE NOT ON APPROVED LIST:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of person(s) NOT authorized to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Self-Checkout (for participants 4<sup>th</sup> grade and above).**

Campers will only be released at the scheduled camp ending times, or times designated to the camp by the parent/legal guardian. If you would like your child to walk home, please check the box below.



I grant my child permission to travel to and/or from camp and checkout independently at the conclusion of each camp day.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_