



DELAWARE STATE PARKS CAMP REGISTRATION FORM

Please complete for each camper. Campers will not be registered or allowed to attend camp without submitting a completely filled registration form. Do not leave any area blank; forms with blank areas will be considered incomplete. Instead, please write "n/a" or "none" in any areas that you do not need to answer. Thank you.

| Camper Information | | |
|---|---|--|
| Last Name: | | Grade Completed: |
| First Name: | | School: |
| Date of Birth _____ Age as of June 7: _____ | | T-shirt Size: |
| Gender: <input type="radio"/> M <input type="radio"/> F | | Child: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL |
| Medical Information | | |
| Participant's Name: | | |
| Health Insurance: | Doctor's Name: | Doctor's Phone: |
| Month/Year | Immunization | |
| | DTP (Diphtheria, Tetanus, Pertussis) | |
| | OPV (Polio Oral) / IPV (Polio Injected) | |
| | HIB (Hemophilus Influenza) | |
| | MMR (Measles, Mumps, Rubella) | |

Does your child have any allergies? Y N

If yes, please specify _____

Does your child have any medical conditions we should be aware of? Y N

If yes, list any known conditions, diseases, etc., which may limit or restrict the above person from participating in camp activities: _____

Does your child have any dietary restrictions (other than allergies)? Y N

If yes, please specify _____

Will your child need to take medication while at camp? * Y N

If yes, please specify _____

**Camp staff cannot administer medication.*

Is there any other information about your child that staff could benefit from knowing to better serve your child?

Camp Registration

Write the name of the camp that your child will attend for each applicable week (some weeks are partial – see camp descriptions for exact dates), and place dollar amount in the “Before Care” or “After Care” column for each week that you require these services. Please note: Not all parks offer before and after care.

| Date | Camp Name | Cost of Camp: | Before Care | After Care | Total Cost: |
|---|-----------|------------------|----------------|---------------|----------------|
| June 7 – 11 | | | | | |
| June 14 - 18 | | | | | |
| June 21 - 25 | | | | | |
| June 26 – July 2 | | | | | |
| July 5 – 9* (some camps run July 6 – 9) | | | | | |
| July 10 - 16 | | | | | |
| July 19 - 23 | | | | | |
| July 26 - 30 | | | | | |
| August 2 – 6 | | | | | |
| August 9 - 13 | | | | | |
| August 16 - 20 | | | | | |

Total Cost: _____

Family Information

| | | |
|-----------------------------------|------------------------------------|----------------|
| Parent/Guardian Call First | Parent/Guardian Call Second | Address |
| Last Name: | Last Name: | Street: |
| First Name: | First Name: | |
| Home Phone: | Home Phone: | |
| Work Phone: | Work Phone: | City: |
| Cell: | Cell: | State: |
| Email: | Email: | Zip Code: |

Emergency Contact Information

*The emergency contacts will be notified **if the parent/guardians listed above cannot be reached.***

| Primary Emergency Contact | | Secondary Emergency Contact | |
|----------------------------------|-------------|------------------------------------|-------------|
| Full Name: | | Full Name: | |
| Relationship: | Work Phone: | Relationship: | Work Phone: |
| Home Phone: | Cell: | Home Phone: | Cell: |

Cancellation Policy

Cancellation and/or requests to reschedule must be received 30 days before the start of camp and will be subject to a \$30 administrative fee. There will be no refunds or rescheduling within 30 days of the start of camp.

Due to the Covid-19 pandemic, we are offering a liberal cancellation policy. At this time, full refunds will be given.

Late Pick Up Policy

Please be respectful to our staff and pick your child up on time each day. If your child is not picked up 10 minutes after the end of camp or after care, you will be charge \$10 for each 5 minutes that you are late. A clock will be provided at sign in/out for your convenience, and camp staff has been instructed to refer to this clock to document late pick up times.

Release of Minors

All campers are released at the end of camp to one of the individuals listed on this form. NO EXCEPTIONS! The camp will release the camper to one of the individuals listed on this form unless directed by a court to do otherwise.

REMINDER: Photo identification must be provided at time of pick up. My child may be released to the following individual(s):

| | |
|-------------|-------------------|
| Name: _____ | Telephone # _____ |
| Name: _____ | Telephone # _____ |
| Name: _____ | Telephone # _____ |

Camp Disciplinary Policy

Camp is meant to be a fun, educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the camps. If it becomes necessary to take disciplinary action against a child, the steps followed are outlined below.

- 1st incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible away from other campers).
- 2nd incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a time out or exclusion from participating in an activity). The camper's parents will be notified of the behavior when they arrive to pick the child up.
- 3rd incident: The child will be excused from camp without a tuition refund.

Camper Code of Conduct

The camp staff of Delaware State Parks reserves the right to bar any child from camp following a first incident in cases of serious behavior problems.

In order to maintain a safe and peaceful camp environment, we require parents and campers to read and understand the importance of abiding by the following code of conduct:

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.). I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.

By submission of this form, I agree to help my child abide by this code of conduct.

Recreational Camps COVID-19 Guidance

Delaware State Parks follows Delaware Health and Social Services, Division of Public Health guidance for its recreational camps. This may include Employee and Camper Screening per Division of Public Health Essential Screening Guidance. Through submission of this registration form, parents and guardians of campers agree that campers shall adhere to Division of Public Health guidance for COVID-19, including the possibility that campers will be sent home as appropriate for exposure and or illness/symptoms.

The remainder of this page intentionally left blank.

Release Statement

By signing below, you acknowledge that you are a parent or guardian of the Child identified on this Registration Form ("the Child"), that you have read this Registration and Release Form fully, and that you are fully authorized to agree on behalf of yourself, the Child, and anyone who may be entitled to bring a claim on the Child's behalf to the following:

Assumption of Risks: I acknowledge that there are natural hazards and risks associated with the camp activities that I have registered the Child to participate in. I acknowledge that these risks can range from minor injuries to major injuries including death. I voluntarily assume these risks on behalf of myself, the Child, and anyone who may be entitled to bring a claim on the Child's behalf.

Water Activities: I understand that the camps with Delaware State Parks include activities in or near water. Some camps for children ages 6 and up may include boating. I give permission for the Child to participate in all water activities included in the camp for which I have registered the Child. I further acknowledge that for camps that include boating (as noted in the camp description), the Child must be able to swim, and I certify that the Child is proficient in swimming and give my permission for the Division of Parks and Recreation to test the Child's swimming ability.

Aerial Adventure/Rock Climbing Activities: I understand that the camps with Delaware State Parks may include aerial and/or climbing activities. I give permission for the Child identified on this Registration Form to participate in all aerial adventure and/or climbing activities included in the camp for which I have registered the Child. I further acknowledge that for camps that include aerial adventure and/or climbing (as noted in the camp description), the Child must be physically fit and able to climb, and I certify that the Child identified on this Registration Form is physically fit and able to climb and give my permission for the Division of Parks and Recreation to test the Child's fitness ability.

Transportation of Child: I further provide permission to the State of Delaware, the Department of Natural Resources and Environmental Control, and the Division of Parks and Recreation to transport the Child identified on this Registration Form, as may be necessary, by a Fleet-authorized driver in a State of Delaware vehicle. I agree to provide a car seat or booster seat for the Child, as may be necessary.

Photo Release: I understand that photographic and/or video recordings of the Child may be taken during the Child's participation in camp. I further provide permission to the Division of Parks and Recreation to use such images or video recordings of the Child in its promotional materials.

Child's Safety: I further certify that the Child is in good health and is physically and emotionally capable of performing the camp activities for which I have registered the Child to participate in. The Division of Parks and Recreation reserves the right to restrict the Child's participation in any activity that the Division of Parks and Recreation determines presents an unreasonable risk to the Child or others. This includes COVID-19 public health and safety recommendations/requirements.

Third Party Waivers: Parent(s) and Guardian(s) may be required to sign third party activity waivers as required for child participation.

In the event of an emergency, a Division of Parks and Recreation employee will attempt to contact the parent(s)/guardian(s) and the emergency contacts listed on this Registration Form. I further consent that in the event the parent(s)/guardian(s) or the emergency contact(s) cannot be reached, or if the nature of the emergency requires immediate attention, that the Division of Parks & Recreation may secure and provide all necessary medical treatment to the Child. I understand that any medical expense not covered by the Division of Parks & Recreation shall be the Child's parent's/guardian's responsibility.

In consideration for the Division of Parks and Recreation agreeing to accept the Child identified on this Registration Form into the camp, and to the extent permitted by State Law, I hereby release and discharge the State of Delaware, the Department of Natural Resources and Environmental Control, and the Division of Parks and Recreation, its agents, servants and employees, from all claims of liability for any damages or injuries which may be sustained while the Child is under the care of the Division of Parks and Recreation. This Release shall not be construed as a waiver of the State of Delaware's, the Department of Natural Resources and Environmental Control's, and the Division of Parks and Recreation's Sovereign Immunity.

Parent/Guardian Signature

DATE