

"DOGGONE DAYS OF SUMMER CAMP" APPLICATION 2010
Advanced Camp August 2-6

APPLICANT INFORMATION

Name:			
Date of birth:	Age:	Male ___ Female ___	Phone:
Current address:			
City:	State:	ZIP Code:	
Shirt size:			
Parent/Legal Guardian:			
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Relationship to applicant:	E-mail:		

EMERGENCY CONTACTS

Name:	Relationship to applicant:
Phone #'s:	
Name:	Relationship to applicant:
Phone #'s:	

FEE AGREEMENT

I agree to pay the \$ 250.00 by July 1, 2010 in order to cover the costs of supplies. _____ (Initials)
 If payment is received by May 1, 2010 the fee for camp is \$225.00

Please give the date of Doggone Days of Summer Camp that was attended or explain which dog program you volunteered at including how long and frequency.

IMPORTANT INFORMATION

Registration: Forms and Deposit of \$ _____ due by by **June 15, 2010**. Please fill out all forms completely. Send forms and payments to: Denny Terrace Community Center, 6429 Bishop Ave., Columbia, SC 29203 ATTN: Angie Helt
 Payment Balance of \$ _____ no later than **July 1, 2010**.

Check # _____ in the amount of \$ _____
 * Check made payable to Richland County Recreation Commission

For Questions: Contact Jen Rogers at 788-7063 or Angie Helt at 754-6720 X 209

Signature of applicant's parent or guardian	Date

Health History

*This Health History Form must be completed by the parent, legal guardian, or authorized person.

Name _____ Date of birth ___/___/___ Male___ Female___
 Last First Middle Initial

Doctor: _____ () _____
 Name Address City/State/Zip Phone

* If medications need to be administered please list below.

Medications: All medications received for a Richland County Recreation Program must be in their original containers, properly labeled as to person's name, medication, dosage and times of administration. Any non-prescription (over the counter) meds must have a written order from a medical doctor.

Oral Medication	mg./tablet	# tablets/dose	state time	Special instructions (ie with food)

Please check all that apply:

___swallows meds whole ___crush meds ___uses oral syringe (please send) ___uses medicine spoon (please send)

Please indicate current of past special needs in the following systems/areas:

	Y	N	Comments
Hearing			
Vision			
Sensation			
Speech/Communication			
Heart			
Breathing			
Digestion			
Circulation			
Pulmonary			
Muscular			
Balance			
Bone/Joint			
Allergies			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Illness/Injury

Children sustaining minor injuries such as scratches, scrapes, insect bites, etc. will be cared for. Parents are notified for more serious injuries or illnesses, including anytime a child bumps and/or injuries to the head area, even if the child appears to be fine. If immediate medical attention is deemed necessary, I authorize staff to call 911 for medical assistance and, do hereby authorize qualified medical personnel to provide care for my child. Staff does not hospital, if possible, and I understand that I will be responsible for any and all medical cost incurred. My child is covered by (name of family insurance) _____, policy number _____.

Describe the applicant's abilities/difficulties in the following areas (included assistance required or equipment needed):

Psycho/Social Function (i.e. unusual behavior, leisure interests, support systems, companion animals, fears, or concerns, etc.)

Physical Function (i.e. Mobility skills such as walking, transfer, riding)

This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Exceptions:

Describe special needs and/or limitations that would prevent full participation in program activities:

Participation: Participants must remain with their group and will be encouraged to participate in all activities, including outdoor and indoor games, crafts, and other planned activities. **Drop off/pickup** at Denny Terrace Community Center Gym. Drop off between 8:30am-8:45am and pick up at 3:30pm.

Daily Sign-In, Sign-Out, and Communication with Parents: When participants arrive or leave the sites, parents or authorized person, must sign the participant in each morning and then sign them out when picking them up in the afternoon. Only those authorized on the registration form are allowed to pick up participants from the camp, so make sure you list all those you would call upon if an emergency arose and help was needed. **Late supervision fee:** \$5 will be charged for each fifteen minute period the participant is not picked-up after 3:30pm.

What to Wear and Bring: Participants should wear play clothing and also bring caps, sunscreen and water bottles. Please remember to clearly write the child's name on each item they bring to the camp including: lunch, snack, and any medicine that needs to be given.

What Not to Wear or Bring: Children will be playing and doing crafts, so do not wear expensive clothing or open toed shoes. Also, personal items such as jewelry, cell phones, trading cards, hand held games, etc, should not be brought. The recreation commission, PAALS staff, and other participants and parents are not responsible for missing items or items that are accidentally damaged while participating at the camp.

Discipline Procedures: Staff will make every effort to handle discipline problems constructively and positively, and most problems are simply handled by 'talking' with the child and possible usage of a short 'time-out'. Serious behavior problems which affect other participants, the staff, or the overall program, will be documented and discussed with parents. When warranted, parents must pick up their child immediately if called by staff. In addition, serious behavior problems, or continuation of problems, could result in the child being dismissed from the program. If non-parents are picking up a child, details of the problem will be discussed with them and they would be expected to inform the parents.

Furthermore, counselors will never use any form of corporal punishment- physical and or bodily force-when disciplining a child. Physical force includes, but is not limited to, spanking, slapping, shaking, etc. Other examples of discipline never used in Recreation Commission programs include: depriving of food, water, or bathroom usage; unsupervised isolation; improperly restricting movement, or unusually long 'timeouts'.

Field Trip:

One field trip will be taken during the week. Transportation will be provided by Richland County Recreation Commission.

I do give my

I do not give my

Consent to and authorization for my child to participate in the field trip.

Photo Release:

I do give my

I do not give my

Consent to and authorize the use and reproduction by Richland County Recreation Commission, PAALS, and local media the use of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

I am enrolling (participants name)_____ in the Richland County Recreation Commission's Summer Program and agree to abide by these guidelines and others as set forth by the Recreation Commission and the Summer Staff. I fully understand that children's play activities are always susceptible to a certain amount of risk, and therefore, I agree to not hold the Richland County Recreation Commission, Program and Park Staff, and other participants and their parents liable for accidents and injuries resulting during my child's participation.

Parent/Guardian Signature:_____Date:_____