



Washtenaw County Parks & Recreation Summer Playground Camp 2022

Registration Form - **Complete 1 form per child.**

Child's Name (Please PRINT): _____
(last name) (first name)

Gender (circle): Male Female Ethnicity: _____ Age: _____ Date of Birth: _____

Current School: _____

Grade entering the Fall 2022 (circle one): 1st 2nd 3rd 4th 5th 6th

Parent/Guardian Name: _____

Phone Number(s): Cell: _____ Work: _____ Home: _____

Email _____

Household Income: less than \$20,000 ___ \$20,000-\$44,999 ___ \$45,000-\$139,000 ___ More than \$140k ___

***Due to limited numbers, Camp has been split into sets. Please select 4 weeks back to back for your child (ren) to attend. Set 1: Weeks 1-4 Set 2: Weeks 5-8. (You can choose all 8, but put stars by your priority set.)**

West Willow

New Covenant Church
2345 Tyler Rd,
Ypsilanti, MI

**Monday - Thursday
9 a.m. -4 p.m.**

- ___ Week 1 : June 20-23
- ___ Week 2: June 27-30
- ___ Week 3: July 11-14
- ___ Week 4: July 18-21
- ___ Week 5: July 25-28
- ___ Week 6: Aug. 1-4
- ___ Week 7: Aug.8-11
- ___ Week 8: Aug.15-18

Sugarbrook

Grace Fellowship
Community Life Center
1375 S. Harris Rd,
Ypsilanti, MI

**Monday - Thursday
9 a.m. -4 p.m.**

- ___ Week 1 : June 20-23
- ___ Week 2: June 27-30
- ___ Week 3: July 11-14
- ___ Week 4: July 18-21
- ___ Week 5: July 25-28
- ___ Week 6: Aug. 1-4
- ___ Week 7: Aug.8-11
- ___ Week 8: Aug.15-18

Superior Twp.

Christian Love
Fellowship Church
1601 Stamford Rd,
Superior Twp., MI

**Monday - Thursday
9 a.m. -4 p.m.**

- ___ Week 1 : June 20-23
- ___ Week 2: June 27-30
- ___ Week 3: July 11-14
- ___ Week 4: July 18-21
- ___ Week 5: July 25-28
- ___ Week 6: Aug. 1-4
- ___ Week 7: Aug.8-11
- ___ Week 8: Aug.15-18

FOR OFFICE USE
Recieved By:

Date:

Please put a check ✓ **ABOVE** by all dates/weeks you want your child(ren) to attend.

Must fill out every page in order for registration to be complete!
Summer Playground Camp is for children 5-11 years old.

Emergency Contact & Health Information

Primary Contact Person: _____ Relation to child: _____

Street Address: _____ City: _____ State: _____

Phone Numbers: (H) _____ / (W) _____ / (C) _____

Secondary Contact Person: _____

Name: _____ Relation to child: _____

Street Address: _____ City: _____ State: _____

Phone Numbers: (H) _____ / (W) _____ / (C) _____

Please list all persons (must be 18 years or older) with permission to drop off/pick up your child.

Name: _____ Age: _____ Relation: _____ Phone: _____

Name: _____ Age: _____ Relation: _____ Phone: _____

If you feel your child is old enough to walk to and from camp unsupervised please indicate below:

I, _____ give permission for _____ to walk to and from Playground summer camp location at _____ without an adult . I understand that the moment my child exits the Summer Playground Camp premises I assume full responsibility for his/her well being. WCPARC Summer Playground Camp will not be held liable under any circumstance for my child once he/she leaves.

Signed _____ Date _____

Printed Name _____ Date _____

Health Information: Circle the answer.

Are your child's immunizations up to date? Yes No

Other Health Issues/Contagious Diseases (If any) _____

Does your child have any physical restrictions? Yes No

If yes, please list restrictions: _____

Please list all medications your child is currently taking: _____

Does your child have any existing allergies we should know about? Yes No

If yes, please list allergies: _____

Food Requirements: Vegetarian / Vegan / Gluten Free **(circle one)**

Does your child require an EpiPen for these allergies?* Yes No

***Please Note: WCPARC Employees are not authorized to dispense medication or administer injections. Playground Camp staff will use EpiPens, if provided by the child's parent, in an effort to save the child's life. This is the one and only exception to dispensing medication at WCPARC Programs.**

If there is any additional information you would like to tell us about in regards to your child's needs?

If WCPARC Playground Camp Staff are unable to reach me or a person whom I have designated, I understand appropriate emergency care deemed advisable by WCPARC will be sought. I agree to pay for all expenses that may be incurred by this emergency care.

I hereby state that the information provided on this form is correct to the best of my knowledge.

Parent/ Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Date: _____

RELEASE AGREEMENT

Photo Release:I understand that photographic and or video recordings of the child identified on this registration form may be taken during camp. I provide permission to Washtenaw County Parks and Recreation Commission to use such images in the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Washtenaw County Parks and Recreation website, sponsoring agencies and, if applicable, owners and lessors of premises used to conduct the program.

Zero Tolerance

The WCPARC playground camp has a zero tolerance policy towards physical violence of any nature. Incidents involving any type of violence will result in a meeting with Site Coordinator and disciplinary suspension, possibly including an expulsion from camp. I understand that my child will be expected to comply with the established guidelines for playground camp, which requires children to refrain from using any foul language, hitting, biting, and using threats, bullying, etc.

Acknowledgement & Release of Liability

I acknowledge there are risks associated with my child's participation in this activity, including, but not limited to those associated with travel, transportation or vehicular traffic, water activities, climate or weather or other natural phenomenon, accident, the child's own actions or the actions of others. I understand that these risks may result in serious illness, injury or death, and I hereby accept and assume, for my child, all such risks. My child is able to participate in the associated activities. In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns to: Waive, release and discharge from any and all liability of Washtenaw County, its elected and appointed officials, employees, students, agents, and volunteers for any death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to my child, including as to my child's traveling to, from, and during this activity/trip.

Indemnify and hold harmless of Washtenaw County and the organizers, its elected and appointed officials, employees, students, agents, and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

I further understand the Washtenaw County and organizing groups are not and will not be responsible for any medical costs that may be incurred by me or my child. I authorize Washtenaw County staff to seek and obtain emergency medical or surgical services for me during this activity/trip, if required.

I understand and agree to the statements above.

By signing below you acknowledge that you are parent or guardian of the child identified on this registration form, that you have read this release and registration form fully, and that you authorize to agree on behalf of yourself and the child identified on this registration form and anyone who may be entitled to bring claim on the child's behalf to the following:

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Date: _____

Must fill out every page in order for registration to be complete!

COVID-19 WAIVER

I understand that my child's participation in WCPRC Day Camp has risks, including the risk of exposure to contagious viruses such as COVID – 19. I acknowledge that it is my responsibility to keep my child home from camp in the event that he/she has had a positive test for COVID and or demonstrates any of the symptoms associated with COVID. Those symptoms include:

- Fever or chills.
- Cough.
- Nasal congestion or runny nose.
- New loss of taste or smell.
- Sore throat.
- Shortness of breath or difficulty breathing.
- Diarrhea. Nausea or vomiting.
- Stomachache, Tiredness, Headache, Muscle or body aches
- Poor appetite

I acknowledge and agree to the statement above. In the event that while at camp any of these symptoms start to show in my child, I understand I will be called to pick my child up and take them home.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date: _____