

2021 Winter Day Camp Registration Form

Email: _____ Phone Number for Remind: _____

Camper Info:

Name: _____ DOB: _____ Age _____

Primary Guardian:

Name	Address City, Zip
Cell Phone	Home Phone
Work Phone	

Secondary Guardian:

Name	Address City, Zip
Cell Phone	Home Phone
Work Phone	

Medical Information:

Is your child on any medications? If yes, please list and state what for.	
Does your child need any medications given during camp?	
Does your child have any allergies? If so, what?	
Does your child have any other medical conditions or behavioral issues?	

Additional Medical Information: _____

Emergency Pickup #1:

Name	Relationship to Child
Cellphone	Home Phone
Work Phone	

Emergency Pickup #2:

Name	Relationship to Child
Cellphone	Home Phone
Work Phone	

Do Not Pick Up List:

Please submit a photo of these individuals for our staff to keep on file.

Name	Relationship to Camper

Liability Waiver:

Parks Department Camps activities include, but are not limited to: hikes, walking, trips, swimming, physical fitness, and sports activities. Parks Camps may attend field trips that would require your child to be transported by bus or van. I understand the activities and dangers involved. I agree that my child will abide by the rules. I understand I am fully responsible for any of my child's actions. I hereby release and hold harmless the City of Shelbyville, the Shelbyville Parks and Rec employees, volunteers, and representatives from any and all claims for myself, heirs, estate, executor, administrator, assignees and other members of my family.

COVID-19 WARNING: We have taken enhanced health and safety measures for you, our guests and staff members. Please follow all posted instructions while visiting the City of Shelbyville Parks and Recreation Department. An inherent risk of exposure to COVID-19 exists in any public place where people gather. COVID-19 is a contagious virus that can lead to severe illness and death. According to the CDC, senior citizens and guests with underlying medical conditions are especially vulnerable. By visiting City of Shelbyville Parks and City of Shelbyville facilities, you voluntarily assume all risks related to exposure to COVID-19.

Parent/Guardian Signature: _____ Date: _____