



P.O. Box 156
 Clinton, MS 39060
 (601) 924-6082 ♦ Fax: (601) 925-6101

CAMP APPLICATION

Camp Registering For: _____

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Sex:** M or F

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home phone number: _____ **Email:** _____

Fathers Work Address:	Mothers Work Address:
<i>Father's Name:</i> _____	<i>Mother's Name:</i> _____
<i>Company:</i> _____	<i>Company:</i> _____
<i>Address:</i> _____	<i>Address:</i> _____
<i>City/State/Zip:</i> _____	<i>City/State/Zip:</i> _____
<i>Phone Number:</i> _____	<i>Phone Number:</i> _____

EMERGENCY CONTACTS

Please list two relatives or friends who may be contacted in the event of an emergency if the parent of guardian cannot be reached.

<i>Name:</i> _____	<i>Relationship to camper:</i> _____
<i>Home Number:</i> _____	<i>Work Number:</i> _____
<i>Name:</i> _____	<i>Relationship to camper:</i> _____
<i>Home Number:</i> _____	<i>Work Number:</i> _____
<i>Camper's Physician:</i> _____	<i>Phone Number:</i> _____

Hospital Choice (in case of medical crisis): _____

Special Instructions (Please provide us with any special instructions concerning your child if medical treatment is prohibited due to religious reasons):

HEALTH AND INSURANCE INFORMATION

Please list medication/times:

Name	Time/day	Amount

Insurance Company: _____ Policy Number: _____

I UNDERSTAND THAT I WILL BE NOTIFIED IF A HEALTH PROBLEM OCCURS. HOWEVER, IF I CANNOT BE REACHED BY TELEPHONE, OR MY CHILD IS IN MEDICAL CRISIS AND REQUIRES IMMEDIATE CARE, I AUTHORIZE A REPRESENTATIVE OF THE CITY OF CLINTON TO OBTAIN ANY AND ALL MEDICAL TREATMENT TO BE PERFORMED AS DEEMED NECESSARY BY LICENSED MEDICAL PERSONNEL, INCLUDING EMERGENCY MEDICAL PERSONNEL, AMBULANCE PERSONNEL AND HOSPITAL DOCTORS AND NURSES.

 Signature of Parent/Guardian

 Date

(CONTINUE)

Camper's name: _____

ADDITIONAL INFORMATION

Please list any restrictions or additional information we should know in order to better serve the camper:

CHILD PICK-UP AUTHORIZATION

The persons listed below are empowered by the parents/guardians to pick-up and drop off the child named on this application. The City of Clinton Parks and Recreation Department will ask for identification from these persons before releasing the child to them. If any person, even if they are listed below, fails to provide satisfactory identification when requested, the child will not be released to them until the parent/guardian is contacted. We ask the parent/guardian to call the camp site or send notification in writing to the Head Counselor when someone other than the parent/guardian will be picking up this camper.

Name: _____ Address: _____
Phone:(home)_____ (work) _____

Name: _____ Address: _____
Phone:(home)_____ (work) _____

RELEASE OF LIABILITY

1. In consideration of the services and facilities provided by the City of Clinton Parks and Recreation Department, its employees, agents, sponsors, Advisory Board and the City of Clinton, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in this program.
2. I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity.
3. I agree that photographs, video tapes, motion pictures, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated or sponsored by the City of Clinton Parks and Recreation Department. I hereby grant the City of Clinton Parks and Recreation Department permission to use such images in any media now or thereafter known for any legitimate purpose whatsoever, and to use my name in connection therewith if the City of Clinton Parks and Recreation Department so chooses.
4. In case of illness, I authorize a representative of the City of Clinton to obtain immediate care deemed necessary by licensed medical personnel.
5. I have read and fully understand that these terms are contractual and not a mere recital and I sign it voluntarily.
6. I, THE PARENT/GUARDIAN OF THE CHILD WHOSE NAME APPEARS ON THIS APPLICATION, WHO IS PARTICIPATING IN THE CLINTON PARKS AND RECREATION DEPARTMENT CAMP/s PROGRAM HEREBY GIVE MY PERMISSION AND APPROVAL TO HIS/HER PARTICIPATION DURING THE CURRENT YEAR. I DO FURTHER HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE CITY OF CLINTON PARKS AND RECREATION DEPARTMENT, THE ORGANIZERS, THE SPONSORS, THE SUPERVISORS, THE MAYOR AND BOARD OF ALDERMAN, AND/OR ALL OF THEM.
7. IN CASE OF INJURY TO MY CHILD, I LIKEWISE WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, THE SPONSORS, THE CITY OR ANY OF THE SUPERVISORS AS WELL AS ANY CLAIM AGAINST ANY PERSON TRANSPORTING MY CHILD TO AND FROM THE ACTIVITIES.

Signature of Parent/Guardian

Date

For Office Use Only

Payment \$ _____ Payment/ Method: Cash Check# _____ Receipt # _____