



WILLIAMSON COUNTY PARKS & RECREATION

Summer Camp Registration Information – Page 1

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

CAMPSITE (Please circle ONE): Bethesda Grassland Hunters Bend Lipscomb Nolensville Westwood

FIRST PARENT/GUARDIAN:

SECOND PARENT/GUARDIAN:

Name: _____

Name: _____

Address: _____

Address: _____

City State Zip

City State Zip

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

City State Zip

City State Zip

EMERGENCY CONTACT (*other than a parent*): _____

EMERGENCY CONTACT PHONE #'S: _____

RELATIONSHIP TO PARTICIPANT: _____

PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

HOSPITAL PREFERENCE: _____



WILLIAMSON COUNTY PARKS & RECREATION

Summer Camp Registration Information – Page 2

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____

PARTICIPANT/PARENT/LEGAL GUARDIAN CONSENT AND RELEASE

I give my consent for my child/children (listed above) to participate in the Summer Day Camp program and/or other recreational activities sponsored by the Williamson County Parks and Recreation Department (WCPR). I understand that in order to be qualified to enroll in the summer day camp program, my child/children must be able to function in a high-paced group setting without individualized supervision. I understand that the counselor-to-child ratio is approximately ten children to each adult and that individualized supervision for my child in this setting is not available. I certify that my child/children is/are in good general health and is/are able to (and has my permission to) participate in programs of sports, games and other recreational activities. I agree to be responsible for all fees associated with the program, and understand that should Williamson County bring suit to collect any amounts due, I will be responsible for court costs and attorney's fees related to such action.

I understand that certain programs sponsored by WCPR, including the camp programs, are for Williamson County residents only. I understand that WCPR employees, volunteers, agents and officers are not authorized to provide medical treatment or perform medical procedures. Should my child/children require regular or periodic medical treatment or procedures while my child/children is/are participating in camp or any other recreational activities, then I understand and agree that I will be solely responsible to ensure that such treatment or procedures are provided to my child/children. I understand that no health or accident insurance is provided by the County for my child/children or any other participant and in case of emergency, my child/children may be taken to a physician or hospital at my expense. I authorize WCPR personnel to transport my child/children for treatment in the event of an emergency.

I understand that supervising adults conduct all activities and that my child must obey all rules and regulations of the program so that discipline and safety standards as set by WCPR can be maintained. I agree that if my child's behavior becomes disruptive or aggressive in any way as determined by WCPR in its sole discretion, my child and I will be required to execute a Behavioral Management Agreement and to attend meetings regarding same if necessary. If my child continues to be disruptive or act in an aggressive manner or if my child's behavior becomes dangerous to him/her or others, I understand and agree that my child may be removed and/or suspended from participating in the day camp or any other recreational activities sponsored by WCPR. Continued disruptive or aggressive behavior by my Child may result in my Child being banned from any other activities provided by or sponsored by WCPR. Should my Child be suspended or expelled from participating in WCPR sponsored activities due to behavioral issues, I agree that I will forfeit any rights to monies paid for my child's participation in day camp or any other recreational activity sponsored by WCPR.



WILLIAMSON COUNTY PARKS & RECREATION

Summer Camp Registration Information – Page 3

PARTICIPANT/PARENT/LEGAL GUARDIAN CONSENT AND RELEASE - CONTINUED

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____

I agree to hold harmless, indemnify and release Williamson County and the Williamson County Parks and Recreation Department, their agents, officers, employees, and volunteers, from and against any and all liability, claims, losses, expenses, judgements, injury or damage I or my child/children may sustain in connection with my child/children('s) participation in day camp or other WCPR programs. I understand and agree that neither Williamson County nor Williamson County Parks and Recreation Department shall be responsible for any injury, claim or damage arising out of defective or dangerous premises when my child/children is/are not on property owned or controlled by Williamson County or the Williamson County Parks and Recreation Department and neither shall bear any responsibility for my child/children('s) safety prior to arrival at the campsite or after departure.

I understand the terms contained in this Release and that it is binding upon me and my child/children.

Parent/Guardian:

Signature

Date

Print Name

COMMUNICATIONS:

I understand and agree that any requests or directions regarding my child/children must come directly from me and may not be communicated through third parties. Only verbal or written instructions by the parent/guardian will be accepted.

Parent/Guardian:

Signature

Date

Print Name



WILLIAMSON COUNTY PARKS & RECREATION

Summer Camp Registration Information – Page 4

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____ AGE: _____

Behavior Management Agreement:

The following behaviors are NOT acceptable at camp:

- *Being physically aggressive (spitting, biting, pushing, fighting, etc) towards another camper or staff person.
- *Using foul language or speaking about inappropriate topics.
- *Leaving the group without permission or “hiding” from staff.
- *Constantly being disruptive through disregard for rules, regulations or directions.
- *Being obstinate and disrespectful towards camp personnel.

If a camper is disruptive or inappropriate and is not responding to verbal redirection the following steps will occur:

1. The participant will be removed from the group for a standard time-out procedure. _____ (Parent Initial)
2. The participant may be asked to fill out a “Think Sheet” to help them think through the situation and help find a solution to the problem. _____ (Parent Initial)
3. Once returned to the group, if their misbehavior continues or escalates, the parent/legal guardian will be notified immediately to discuss behavior management strategies with the staff. _____ (Parent Initial)
4. If the behavior cannot be resolved, the Program Administrator will be advised of the situation. It will be at the Program Administrator’s discretion as to if the child will be sent home for said behavior that day as well as any further suspension (1-3 days – typical). _____ (Parent Initial)
5. If any of the above mentioned strategies are not effective, the last resort will be to remove the participant from the program. _____ (Parent Initial)

Procedures for handling Zero Tolerance Behavior

Please be aware that we will not tolerate children acting in an aggressive or threatening manner which may endanger themselves, other children and/or the staff. Children who display such uncontrollable and dangerous behavior will be sent home immediately regardless if they have had or have not had previous behavior issues at camp. WCPR has the right to contact the authorities if a situation becomes beyond our control and we require assistance prior to your arrival. WCPR reserves the right to expel a child from the program permanently due to such behavior.

I understand the above Behavior Management Agreement and will ensure that my child/children will abide by all set rules and regulations. I understand that if my child/children does/do not follow said rules and regulations that they may be suspended or removed from the program due to their behavior. I understand that any monies paid for my child/children('s) enrollment in the camp program will be forfeited and that no refunds will be issued to me.

Parent/Guardian:

Signature

Date

Print Name



WILLIAMSON COUNTY PARKS & RECREATION

Summer Camp Registration Information – Page 5

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____

Release for Pick-Up:

I give my consent for my child/children listed above to be picked up from Camp by the following adult individuals:

Name

Relationship to child

Name

Relationship to child

Name

Relationship to child

Name

Relationship to child

I understand that it is my responsibility to arrange to pick-up my child/children upon his/her return from Camp. I understand that it is my responsibility to inform everyone approved by me on this release that he/she must present a valid driver's license or photo ID before the child/children will be released. Should I revoke permission for any of the individuals named herein, then I shall notify WCPR in writing.

I understand that if my child is not picked up or when no one listed above is present to pick up my child/children, my child/children may be turned over to local child protection authorities.

BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD/CHILDREN WHEN HE/SHE RETURNS FROM CAMP, AND I HAVE INSTRUCTED MY CHILD/CHILDREN THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. MY CHILD/CHILDREN HAS/HAVE BEEN TOLD TO REPORT IMMEDIATELY TO THE WCPR'S PERSONNEL OR EMPLOYEES IF THE DESIGNATED PERSON(S) IS/ARE NOT PRESENT AT THE PICK UP TIME.

Parent/Guardian:

Signature

Date

Print Name

Primary Contact Phone Number



WILLIAMSON COUNTY PARKS & RECREATION

Summer Camp Registration Information – Page 6

Child's/Children's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____

Release for Photographs and Media:

I give my consent and authorize Williamson County Parks and Recreation Department to exercise the unrestricted right to take, use, reuse, and reproduce pictures of my child/children (listed above) or myself and use such photographs as follows:

1. in any publication (including; but not limited to, newspapers, television and/or radio broadcasts, books, brochures, magazines, displays, Internet broadcasts, and motion pictures) in such manner and at such times and in such places as the Parks and Recreation Department shall determine; and
2. to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or my minor child, named herein, or in which I or my minor child may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

By signing this document, the above named and the undersigned relinquish any right that they may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied at the complete discretion of the Parks and Recreation Department.

By signing this document, the undersigned releases, discharges and agrees to save harmless the Parks and Recreation Department and Williamson County, its employees, officers, volunteers, or assigns, and all persons functioning under their permission or authority, from any claims for libel or invasion of privacy from the use of any material as specified herein.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the Parks and Recreation Department as well as the person(s) for whom he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/ guardian] of the above named minor(s). For value received through participation in programs or events, I hereby consent to the foregoing on his/her/their behalf.

Parent/Guardian:

Signature

Date

Print Name

Primary Contact Phone Number



WILLIAMSON COUNTY PARKS & RECREATION

Summer Camp Registration Information – Page 7

Child's Information:

CHILD #1 – NAME: (LAST) _____ (FIRST) _____

CHILD #2 – NAME: (LAST) _____ (FIRST) _____

CHILD #3 – NAME: (LAST) _____ (FIRST) _____

CHILD #4 – NAME: (LAST) _____ (FIRST) _____

CHILD #5 – NAME: (LAST) _____ (FIRST) _____

CHILD #6 – NAME: (LAST) _____ (FIRST) _____

WCPR Summer Camp Payment Policy:

Camp fees are \$17.00 per day, per child (unless Financial Assistance arrangements have been made with the department's Deputy Director). You may pay at the campsites with either cash, a personal check, a cashier's check or with a money order. The campsites DO NOT have the means of accepting credit card payments.

You may pay each morning when signing your child in for the day, or you may opt to purchase "block days". Block days provide you with the freedom of paying for any number of days up front. Block days may be used at any time throughout the program and do not have to be in consecutive order (Monday-Friday).

Payment MUST be made prior to leaving your child in our care. However, we understand that certain circumstances arise. Please be aware that you have until 5:30p.m. each Friday to make payment for any days attended within that week by your child(ren). **If payment has not been made by 5:30p.m. on Friday, then an additional fee of \$5.00 (per child) will be assessed for each day attended but not paid for.** Example: If your child attended 3 days (and you had not pre-paid for those days) you would owe \$51.00. If you didn't make that payment by 5:30pm on the Friday of the week your child attended, \$5.00 would be added for each day bringing the total due to \$66.00.

CHILDREN WILL NOT BE PERMITTED TO ATTEND ADDITIONAL DAYS UNTIL PAYMENT HAS BEEN MADE.

I agree to be responsible for all fees associated with the program, and understand that should Williamson County bring suit to collect any amounts due, I will be responsible for court costs and attorney's fees related to such action. I understand that if payments are not received for my child's/children('s) participation in the day camp program that penalties may result preventing myself or any member of my family from participating in future activities offered or sponsored by WCPR.

Parent/Guardian:

Signature

Date

Print Name

Primary Contact Phone Number

