

# Rogers Activity Center

## 2017 Summer Day Camp Registration

**Please Print**

Name of Party Responsible for account: \_\_\_\_\_

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Sex M F

Address \_\_\_\_\_ City & State \_\_\_\_\_

ZIP \_\_\_\_\_ School \_\_\_\_\_ County of Residence \_\_\_\_\_

T-shirt size: YS YM YL AS AM AL (We preorder shirts and will do our best to provide the right size.)

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Hours \_\_\_\_\_ Work# \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Hours \_\_\_\_\_ Work# \_\_\_\_\_

Email \_\_\_\_\_

**Please circle the sessions your child will be attending:**

- |                 |                 |              |              |                    |
|-----------------|-----------------|--------------|--------------|--------------------|
| May 30 – June 2 | June 5 – June 9 | June 12 - 16 | June 19 – 23 | June 26 – 30       |
| July 3 – 7      | July 10 - 14    | July 17 - 21 | July 24 - 28 | July 31 – August 4 |
| August 7 – 11   | August 14 - 15  |              |              |                    |

**Non Medical Emergency Contacts:**

*(Emergency contact should be someone other than a parent/guardian in the event that we are unable to contact you.)*

Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Persons authorized to pick up child (other than parent)** – Staff will not release child to any person not on the list. To ensure the safety of your child, changes must be made in person. Phone notification will not be accepted. We will ask for ID.


**EMERGENCY AND MEDICAL INFORMATION**  
**PARTICIPANTS INFORMATION**

Participants Name: \_\_\_\_\_ (nickname) \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Fathers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer: \_\_\_\_\_

**FAMILY MEDICAL INSURANCE**

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holders Name: \_\_\_\_\_  
Family Physicians name: \_\_\_\_\_  
Physicians Address: \_\_\_\_\_ City: \_\_\_\_\_  
Physicians Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Allergies (list): \_\_\_\_\_  
Serious medical Conditions (list): \_\_\_\_\_

- **If a long term medical condition exist please complete a Medical Plan**

**AUTHORIZATION**

I/we hereby grant consent to any and all health care providers designated by: \_\_\_\_\_  
to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury/illness.  
Parent/Guardian Name  
Child's Name  
This consent includes First Aid and transportation to/from health care providers.

Date: \_\_\_\_\_ Fathers Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Mothers Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Guardians Signature: \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUNSCREEN PERMISSION, SWIMMING ABILITY & IMAGE RELEASE**

**(Don't forget your sunscreen donation!)**

Permission for staff to apply sunscreen when needed?      YES                      NO  
Circle the frequency your child will need sunscreen:    1x per hour                      1 ½ hours                      2 ½ hours  
Sun Sensitivity: \_\_\_\_\_ YES    \_\_\_\_\_ NO                      Sunscreen Allergy: \_\_\_\_\_ YES    \_\_\_\_\_ NO

Circle one:

Cannot Swim              Pre-beginner (needs help)              Fair/Beginner              Good/Intermediate              Excellent

Other swimming comments/concerns \_\_\_\_\_

**Permission the Administer Tylenol**

I hereby give \_\_\_\_\_/do not give \_\_\_\_\_ the Director of the Rogers Activity Center or his/her appointed representative permission to give \_\_\_\_\_ Acetaminophen. I understand I will be notified that the medication has been administered.  
(Child's Name)

**IMAGE RELEASE**

In consideration of participation in the Rogers Activity Center Summer Day Camp (SDC), the undersigned agrees that their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet to promote or publicize the Rogers Activity Center, Rogers Community School Recreation Association, and/or Summer Day Camp program.

Legal Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT HANDBOOK ACKNOWLEDGEMENT**

I acknowledge receipt of a Parent Handbook. I understand that it is my responsibility to read the Parent Handbook, and by signing this form, agree to abide by all of the policies and procedures of the Rogers Activity Center Summer Day Camp program.

Parent/Guardian Initial: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

I have read and understand the following policies:

- \_\_\_\_\_ Cancellation Policy
- \_\_\_\_\_ Late Fee Policy
- \_\_\_\_\_ Payment Policy
- \_\_\_\_\_ Discipline Policy
- \_\_\_\_\_ Pick up and Drop off Policy

Parent/Guardian Initials: \_\_\_\_\_

I agree to abide by the Rogers Activity Center Code of Conduct. As a parent/guardian of the Summer Day Camp participant, I agree to adhere to the outlined policies and procedures set forth by the Rogers Activity Center Staff. I am aware of the field trips of the program and I hereby authorize and give the Rogers Activity Center Staff permission to transport my child by Rogers school buses to and from field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use ONLY:**

Paid in full: \_\_\_\_\_ Payment Plan: \_\_\_\_\_ Voucher (amount): \_\_\_\_\_ Scholarship (amount): \_\_\_\_\_

Membership Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Payment Method: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Rogers Activity Center (RAC) and Rogers Community School Recreation Association (RCSRA) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the RAC/RCSRA without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agree and represents that he or she has, or immediately upon entering or participating will inspect and consider such premises and facilities or affiliated program.

It is further warranted that such entry into the RAC/RCSRA for observation or use of facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated programs have been inspected and considered and that the undersigned finds and accepts as being safe and reasonable suited for the purpose of such observations, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE RAC/RCSRA FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE RAC/RCSRA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the RAC/RCSRA, its directors, officers, employees, and agents (the releasees) from all liability to the undersigned, his/her, personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, WHETHER CAUSED BY THE INTENTIONAL NEGLIGENCE OF THE RELEASEES OR OTHERWISE while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the RAC/RCSRA, without respect to location.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the RAC/RCSRA premises or in any way observing or using any facilities or equipment of the RAC/RCSRA or participating in any affiliated with the RAC/RCSRA, WHETHER CAUSED BY THE INTENTIONAL NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO THE INTENTIONAL NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about, or upon the premises of the RAC/RCSRA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the RAC/RCSRA.
4. The undersigned assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the RAC/RCSRA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the RAC/RCSRA.

I further, definitely agree that the forgoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the laws of the State of Arkansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.**

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**Signature**

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**Date**

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**Print Name**

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**Witness**

**Date**

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**Parent/Guardian (if participant is under 18 years of age)**

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**Date**

The following information is requested to enhance our ability to secure funding that will allow our programs to stay affordable and accessible to all. Please take a few minutes to complete this information.

Child's Age: \_\_\_\_\_

M \_\_\_ F \_\_\_

Single Parent Household: YES NO FOSTER

Child Lives with \_\_\_\_\_

Annual Household Income:

\_\_\_ Less than \$19,999

\_\_\_ \$20,000 to \$39,999

\_\_\_ \$40,000 to \$59,999

\_\_\_ \$60,000 to \$79,999

\_\_\_ \$80,000 to \$99,999

\_\_\_ \$100,000 to \$129,999

\_\_\_ \$130,000 to \$149,999

\_\_\_ \$150,000 +

Ethnicity:

\_\_\_ Caucasian/White

\_\_\_ Latino

\_\_\_ African American

\_\_\_ Multi Racial

\_\_\_ Asian/Pacific Islander

\_\_\_ Arab American

\_\_\_ Native American

\_\_\_ Other

If this program was not available, what would your child do over the summer?

\_\_\_ Stay home alone

\_\_\_ Stay home with a babysitter or other family member

\_\_\_ Attend a different program

\_\_\_ Other \_\_\_\_\_

Has any other immediate family member ever participated in any Rogers Activity Center childcare opportunity?

\_\_\_ Yes

\_\_\_ No

Please take a moment to share the experience: \_\_\_\_\_

City of Residence:

\_\_\_ Bentonville

\_\_\_ Elkins

\_\_\_ Bella Vista

\_\_\_ Farmington

\_\_\_ Decatur

\_\_\_ Fayetteville

\_\_\_ Gentry

\_\_\_ Lincoln

\_\_\_ Gravette

\_\_\_ Prairie Grove

\_\_\_ Lowell

\_\_\_ Springdale

\_\_\_ Pea Ridge

\_\_\_ Tontitown

\_\_\_ Rogers

\_\_\_ West Fork

\_\_\_ Siloam Springs

\_\_\_ Other \_\_\_\_\_