

Camper Information Form

Northwest Ottawa Recreation Authority (NORA)

Recreation Summer School

Attending ODC Morning & NORA Afternoon Camps

Only attending NORA Afternoon Camp

Camper's Name (Legal First & Last)

Camper's Preferred Name or Nickname

Address

City

State

Zip

Birth Date

Age

Grade

Gender

Parent/Legal Guardian #1

Parent/Legal Guardian #2

Phone Number

Email Address

Phone Number

Email Address

Authorized For Pick-Up/Drop-Off: (Name & Phone) *use back of form if more space is needed*

Additional Emergency Contact Names & Phone Numbers:

Anyone **NOT** Authorized For Pick-Up/Drop-Off:

Child's Physician:

Phone:

Does your child have any fears/phobias?

Is medication required during camp hours? *If yes, please fill out medication waiver.*

Our camp is held in an outdoor setting and primarily revolves around outdoor activities. Please let us know activities your child hopes to do at camp and activities they would rather not participate in so we can build a dynamic calendar filled with fun activities for all campers. *We will never force a camper to participate in an activity they do not want to do but our staff will encourage them to try a variety of activities and offer an alternative that keeps them near the rest of the group.*

Camper's Name:

TRANSPORTATION AUTHORIZATION

How will your child be transported to and from camp? Please mark the means of transportation and provide your signature for authorization.

CAR (Family member/Carpool)

Please be sure all authorized to transport your child to and from camp (other than yourself). In the event that someone who does not usually transport your child should arrive for pick-up, they will be asked to produce a photo ID before your child will be released. In the event of an emergency requiring someone not listed on this form needs to pick-up, please notify our staff as soon as possible with their full name.

PUBLIC TRANSPORTATION

I understand by electing to use Public Transportation, my child will be released when the bus arrives with their name. NORA is released from responsibility as soon as your child is on the bus. NORA will be responsible for supervision from 1pm until the child gets on the bus.

SELF CHECK-OUT (Walk/Bike/Etc.)

My child has permission to sign/check themselves in and out of camp each day. Prior to sign-in and after check-out they are responsible for their own transportation and will not be under staff supervision.

Additional Space for Drop/Off Pick Up Authorization: (Name & Phone)

Signature of Parent/Legal Guardian

Date

AUTHORIZATION TO PARTICIPATE IN OUTDOOR ACTIVITIES & FIELD TRIPS

My child has my permission to participate in all outdoor activities and field trips at camp. All outdoor activities will be scheduled on a daily basis, weather permitting. See camp calendar for field trip dates and times.

Signature of Parent/Legal Guardian

Date

MEDICATION AUTHORIZATION

*** Fill out this form only if your child will need medication during NORA camp hours**

Northwest Ottawa Recreation Authority (NORA) will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The department's internal procedures on dispensing medication are available for review.

Name of Program: Northwest Ottawa Recreation Authority (NORA) Recreation Summer School Day Camp

Date:

I, _____, (Print Name) the parent/guardian of _____ (Print Name) give permission to the staff of the Northwest Ottawa Recreation Authority (NORA) Recreation Summer School Day Camp to administer to my child _____ (Name of Medication).

I understand it is my responsibility to give the medication directly to the program staff in the original prescription containers, clearly labeled, with the following information: PARTICIPANT'S NAME: _____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTION: _____ In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Northwest Ottawa Recreation Authority to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Northwest Ottawa Recreation Authority administering medication to my minor child, I do hereby fully release or discharge the Northwest Ottawa Recreation Authority and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless, and defend Northwest Ottawa Recreation Authority and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering out medication.

Signature of Parent/Legal Guardian

Date