

2024 Summer Camp Registration Form

Camper Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (Fall of 15):\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies? Yes No Please Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ST. GABRIEL SUMMER CAMP POLICIES**

**Attendance Policy:**

Parents or guardians are expected to notify the camp director or designee of their child’s absence or early dismissal from camp as soon as you are aware that he/she will not be attending.

**Check-In Policy:**

A camp staff member will assist you with the check-in of your child at the facility each day. Campers should not be dropped off.

**Pick-up Policy:**

Parents or guardians picking up children must be registered on file, provide proper identification and sign out their child at the time of pick-up each day in the presence of a staff member.

**Sick Child Policy:**

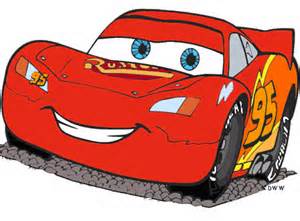
Children who develop symptoms of illness, headaches, fever, stomach aches, vomiting, etc. will be allowed the opportunity to rest in an area away from the rest of the group, yet in full view of staff. When appropriate, you will be notified of your child’s illness and asked to pick up your child as soon as possible.

**Severe Weather:**

When weather is severe enough to cause cancellation of camp, you will be notified as soon as possible of the cancellation and recommencement process.

**CITY OF ST. GABRIEL SUMMER CAMP**

**TRANSPORT APPROVAL**



**AUTHORIZED PERSONS FOR CHILD TRANSPORT**

CAMPER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ADULT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ADULT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

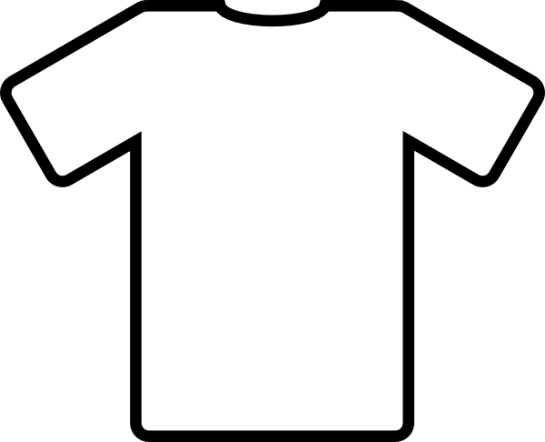
1. ADULT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the safety of our campers, we cannot allow anyone not listed above to transport your child.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**



City of St. Gabriel

2024 Summer Camp Shirt Order Form

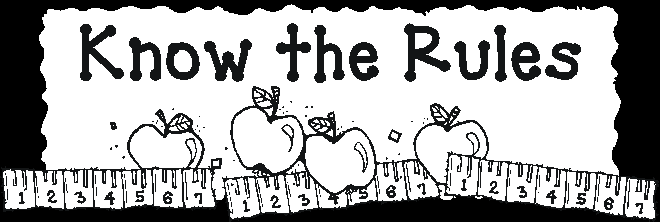
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_­­­­\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The shirt your camper received today is **FREE** of charge. As camp shirts must be worn daily, you have the option of purchasing additional shirts at a cost of $7.00 per shirt. Payment is accepted in the form of cash or check.

\*Please make all checks payable to City of St.Gabriel.

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity | Size | Price | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**City of St. Gabriel Summer Camp Disciplinary Policy**

Summer camp is meant to be fun, educational and recreational experience. For the benefit of all campers, it is important that children behave appropriately. If it becomes necessary to take disciplinary action against a camper we will follow the steps as listed below.

1st: incident:The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting). The incident will also be documented for camp purposes.

2nd incident: The Staff Director will determine an appropriate consequence for the camper’s actions. Examples may include a “time-out” or exclusion from participating in an activity. The camper’s parent will be notified of their behavior when they arrive to pick up the child.

3rd incident: The child will be excused from camp without a refund.

**The City of St. Gabriel Summer Camp reserves the right to bar any child from summer**

**camp following a first incident in cases of serious behavior problems.**

**City of St. Gabriel Summer Camp Agreement with Parents**

* I certify that I have read the camp policies, fees and schedules, and understand that contents thereof.
* I have read and understand the Day Camp rules and regulations.
* This application has my approval and consent. I authorize the camp director or designee to act for me according to their best judgment in any emergency.
* I grant permission for my son/daughter to participate in camp activities including out of camp trips.
* Permission is also granted to transport my child in camp designated vehicles for off-site trips and for emergency medical care.
* Permission is also granted to take and use photographs of my child for internet, advertising and publicity purposes.
* I understand the camp fees do not include health accident insurance and that I will be responsible for any and all charges incurred for my child’s medical attention.
* I certify that son/daughter is amenable to discipline and free from habits or attitudes that would make him/her an unsuitable camper.

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Parent/Guardian Signature Date

**CITY OF ST. GABRIEL SUMMER CAMP**

**ASSUMPTION OF RISK AND RELEASE FORM**

The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it an inherent risk of physical injury. In consideration of the camper’s participation in the camp, the undersigned, on behalf of his or herself, and on behalf of the camper, hereby assumes all such risks of physical injury and does hereby release and forever discharge the City of St. Gabriel, its trustees, employees and agents from any and all liability, claims, expenses or losses arising from bodily injuries or damage to personal property resulting from the camper’s involvement and participation in the camp. The undersigned further acknowledges and agrees that they shall be fully responsible for any and all losses or damages that a camper inflicts upon any person or upon the City of St. Gabriel facilities during their participation in the camp.

**The undersigned hereby acknowledges that he/she is the legal guardian of the program aide/camper and has read and agrees with the Assumption of Risk and Release stated above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Relationship to Camper