

**Lake City Recreation & Tourism Department
Summer Day Camp Application**

Full Name As Shown On Birth Certificate _____

911 Address: _____

Mailing Address: _____

Home Telephone: _____ Date of Birth _____ Age: _____

Cell Telephone: _____ Email: _____

I/We the parent(s) of the above named candidate do hereby give my approval for participation in this program. I/We do assume all risks and hazards incidental to the conduct of the activities and I/We do further hereby release, absolve and hold harmless the City of Lake City, South Carolina, its agents, servants and employees. I/We likewise release from responsibility any person transporting my/our child to and from activities. During the camp each child must abide by the rules of the camp.

I also understand that if my child is disruptive and abusive he/she will be suspended or expelled from the camp pending a conference with parent. I/We confirm that my child has had a physical examination in the past (12) twelve months and is physically able to participate in the above named program.

I/We as parents do hereby agree in signing this contract to abide by the code of ethics of good sportsmanship, fair play at all contests, to refrain at all times from any harassment of any participant, or counselors, advise my child to be on his/her best behavior at all times, to refrain from bullying or any form of bullying, and to obey the instructions and rules of the camp.

I/We do or do not want accidental insurance coverage which will be made available by the Recreation Department. My/Our child (children) have insurance with the following company or Medicaid.

Insurance Company: _____ **Medicaid:** _____

The camp will be taking several trips to various places. The fee for each trip will vary. We ask that you send monies for the game machines, snacks, skate rentals, bowling, swimming and etc.

I understand that my registration fee will not be refunded

Signature of Parent/Legal Guardian _____

Date: _____

Parents Code Of Ethics

I hereby pledge to provide support, care, and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.

1. I hereby pledge to provide support, care, and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.
2. I will place the emotional and physical well being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
6. I will remember that the game is for youth - not for adults.
7. I will do my very best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, creed or ability.
9. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.
10. I will require that my child 's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches ' Code of Ethics.

I _____ as a person agree to abide by the above

Parents Code Of Ethics.

Cynthia M. Mallette, Director

Lake City Recreation Department

CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT AND CHILD'S MEDICAL INFORMATION

In presenting my son/daughter for diagnosis and treatment

NAME(S): _____
 mother father legal guardian

For _____
 son daughter

of _____ years of age: hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and I certify that I understand its contents. We/I hereby give our (my) consent to:

 (Name of Person/Agency)

who will be caring for our (my) child: _____
 (name of child)

for the period _____ to _____
 to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name:

Address:

City/State/Zip

Telephone:

Cell or other phone:

Family Physician:

Pediatrician:

Surgeon:

Orthopedist:

Child's Allergies, if any:

Date of last tetanus booster:

Medicines child is taking:

Name of Insurance Carrier:

Group #

Agreement #

Signature

mother, father, or legal guardian

Date:

Witness:

Date:

In case of emergency I can be reached at: