

Camp Selection: Circle the appropriate dates and insert appropriate fee

Week	Dates	Resident Fee	Non-Resident Fee	Per Week Total
1	June 19 - 23	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
2	June 26 – June 30	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
3	July 3 – July 7 (No Camp on Tue. July 4)	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
4	July 10 – 14	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
5	July 17 – 21	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
6	July 24 – 28	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
7	July 31 – Aug. 4	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
8	Aug. 7 - 11	\$80/\$70 – 2 nd child	\$100/\$90–2 nd child	\$
	Registration Fee			\$ 10.00
	Total			\$
	Deposit (1/2 total) due @ Reg.			\$
	Balance due by June 2			\$

Camp Pineville ♦ 2023 After Camp Care ♦ Registration Form

Week	Dates	Resident Fee	Non-Resident Fee	Per Week Total
1	June 19 – 23	\$30	\$40	\$
2	June 26 – June 30	\$30	\$40	\$
3	July 3 – July 7 (No Camp on Tue. July 4)	\$30	\$40	\$
4	July 10 – 14	\$30	\$40	\$
5	July 17 – 21	\$30	\$40	\$
6	July 24 – 28	\$30	\$40	\$
7	July 31 – Aug. 4	\$30	\$40	\$
8	Aug. 7 - 11	\$30	\$40	\$
	Total			
	Deposit (1/2 total) due @ Reg.			\$
	Balance due by June 2			\$

Release Section

1. If parents of the camper are divorced, please list the name of who has legal custody of the child named on this application

2. May the non-custodial parent pick up the child named on the application? Yes No

3. If yes, please list them above. If no, legal documentation may be required.

The child named on this application will be released only to the people named as parents or emergency contacts on this application. **Please be advised that identification will be required.**

Additional Information

Please indicate any special needs that your child may have that would affect his/her participation in planned Day Camp activities. List any additional comments you feel would be helpful for our staff to know about your child.

Allergies (State Allergy, Reaction and Treatment)

Consent and Release

I _____ hereby grant permission for the participant to take part in the Summer Day Camp program, which is sponsored by the Pineville Parks & Recreation Department. I also agree, on behalf of myself and the participant, not to make any claims or demands of any kind against the Town of Pineville or any of its employees or agents for any loss or injury that the participant might sustain while engaged in the Summer Day Camp program including transportation for any activities. I have read and agree to abide by the identified Camp Pineville policies and procedures listed on the Pineville Park & Rec. website.

◆ I authorize such physician or medical staff as the Pineville Park & Recreation Department may designate to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I further authorize its medical staff to provide any treatment decided necessary for the well-being of the participant.

◆ I also agree that photographs of the participant may be published for the purpose of publicizing and promoting programs operated and /or sponsored by the Pineville Parks & Recreation Department.

◆ All written requests for refunds must be submitted by June 2, 2023. No Exceptions.

Signature of Parent/Guardian _____ Date _____

MEDICATION AUTHORIZATION FOR CAMP PINEVILLE PARTICIPANTS

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive prescription and non-prescription medicines while a participant in Pineville Parks & Recreation Department's Camp Pineville. Medications cannot be given to your child at camp until this authorization has been received. A separate form is required for each medicine. New authorization forms are required whenever the dosage or directions change or when a new medicine is prescribed. It is your responsibility to provide all medicines to be given during camp. Each medicine must be in an appropriately labeled original container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for use upon request. Administration of non-prescription medicine is discouraged. Parent / Guardian's Permission: I give permission for my child to receive this medicine during camp operating hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve the Town of Pineville, their agents and employees from any and all liability whatsoever that may result from my child taking this medicine while a participant in Pineville Parks & Recreation Department's Camp Pineville.

Signature of parent or guardian

Date

FOR HEALTH PROFESSIONAL USE ONLY: PLEASE WRITE LEGIBLY USING LAYMAN'S TERMS

Specific Directions

Medication prescribed: _____

Strength/Dosage: _____

Purpose of Medication: _____

Relationship to meals: _____

How often and what time: _____

Expected side effects or adverse reactions (specify): _____

Other Instructions:

- Should this participant be allowed to self-administer this medication?
- Should this participant carry this medication with him/her at all times?
- Is this medication to be used for emergencies only?
- Other

It is necessary for this student to receive this medication during camp hours in order to maintain or improve health and to benefit from summer camp attendance. Please notify Pineville Parks and Recreation Staff if there are any problems.

Signature of health provider

Date

Telephone#

Fax#

Please print health provider's name

Practice name and address

For PPR Dept. Use

Date received / By _____