



**CAMPER INFORMATION:**

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

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

GRADE (ENTERING): \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SHIRT SIZE: YS YM YL AS AM AL XL

**WEEKS TO ATTEND:**

- |                 |                                 |
|-----------------|---------------------------------|
| ____ May 22-24  | ____ July 1- 5 (No camp July 4) |
| ____ May 28-31  | ____ July 8-12                  |
| ____ June 3-7   | ____ July 15-19                 |
| ____ June 10-14 | ____ July 22-26                 |
| ____ June 17-21 | ____ July 29- August 2          |
| ____ June 24-28 | ____ August 5-9                 |
|                 | ____ August 12                  |

\*NOTE WE WILL BE CLOSED MAY 27 AND JULY 4 FOR THE HOLIDAY

**PARENT/GUARDIAN INFORMATION:**

**(Please indicate primary contact name in case of emergency)**

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

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

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**DROP FORMS OFF DIRECTLY:**

McAllister Recreation Center  
2351 North 20<sup>th</sup> Street  
Lafayette, IN 47904  
(765) 807-1360

**MAIL REGISTRATION FORM:**

ATTN: McAllister Recreation Center  
Parks Administrative Office  
1915 Scott Street  
Lafayette, IN 47904

**ONLINE REGISTRATION IS NOT AVAILABLE.**



## 2019 McAllister Camper Information

Camper's Name \_\_\_\_\_

How would you describe your child's personality (outgoing, shy, laid back, etc.)? \_\_\_\_\_

Does your child have any allergies or medical conditions of which the staff should be aware?

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

Does your child have a specific food allergy or dietary restriction? \_\_\_\_\_

\_\_\_\_\_

Please rate your child's swimming ability (circle one)    Good    Fair    Poor

Will your child require a life jacket?    Yes                      No

Is there any reason why your child will not be able to participate in all activities associated with McAllister Camps? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Are there any requests you have from the McAllister staff regarding your child?

\_\_\_\_\_

Please list any additional information of which the McAllister staff needs to be aware:

\_\_\_\_\_

On occasion, staff may take photos of participants in our programs, classes, and events. Please be aware that these photos are for Parks and Recreation Department use only and may be used in future catalogs, brochures, pamphlets, or flyers without identifying individual names.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## 2019 Camp Release Form

### FIELD TRIP PERMISSION

I hereby give permission for \_\_\_\_\_ to attend all field trips and participate in all activities associated with the 2019 McAllister Camps.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### MEDICATION RELEASE

I \_\_\_\_\_ (parent/guardian) give permission for the McAllister staff to administer medication to \_\_\_\_\_ (child). I understand that all medications must be in the original prescription bottle with the name of the medication, child's name, doctor's name, appropriate dosage information, and the times the medication is to be administered. All medication changes must be presented to staff in a new prescription bottle with the appropriate changes stated on the bottle.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### SUNSCREEN AUTHORIZATION

Proper sunscreen application is very important to the McAllister staff. Our counselors will carry sunscreen on a regular basis; however we still encourage parents to send sunscreen with their children on a daily basis. The following authorization allows the McAllister staff to apply sunscreen as needed to your child in the event that they either forget theirs, or we deem it necessary that a new layer needs to be applied. Please talk to your child about the importance of sunscreen application as well as proper application techniques. It is of great benefit to the staff if children come in with an understanding of the importance of sunscreen.

I hereby authorize the McAllister staff permission to apply sunscreen as needed to \_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## 2019 McAllister Emergency Medical Release

**Camper's Name** \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of a medical emergency, I understand that every reasonable attempt will be made to contact parents/guardians or emergency contacts as listed on the registration form. However, in the event that these individuals cannot be reached, I give permission for the McAllister staff to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgement applies to all 2019 McAllister Recreation Center Camp programs.

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

### ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY:

I acknowledge that there are risks inherent in any children's program, including but not limited to injury or death arising from: participation in sports and recreational activities, child's failure to follow instructions of counselors, communicable illness, and independent acts of third parties not under the control of McAllister staff. In consideration of allowing my child (the "Camper" whose name is listed above) to participate in the McAllister camp programs, I, for myself and my child, heirs, representatives and assigns, hereby release, discharge and hold harmless the Lafayette City Department of Parks and Recreation, its Board, officers, agents, employees, and representatives, and any person acting on their behalf, from any and all responsibility or liability for injury or damage resulting from or arising out of participation by my child in any McAllister camp program activity or use of equipment or facilities in connection with such activity. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health each day of camp.

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



Child's Name: \_\_\_\_\_

### PICK UP AUTHORIZATION

Do both parents have permission to pick up the child?

YES

NO

If NO, please specify: \_\_\_\_\_

Please list the names of anyone else authorized to pick up your child:

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

Please list two individuals who may be contacted in case of an emergency in the event the parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_





## 2019 McAllister Summer Camp Payment Policies and Procedures

All camp payments are to be made in full by Monday of the current payment week. Accounts may be paid ahead, but no accounts will be permitted to carry a balance. All weeks must be paid for at the beginning of each week. Any alternative payment arrangements must be made in writing with the McAllister manager.

Acceptable forms of payment are cash, check, and debit or credit card (Visa, MasterCard, American Express, or Discover). A \$25.00 returned check fee will be assessed for any check returned for insufficient funds. In addition, the amount of the original check plus the \$25.00 returned check fee must be paid in cash at the McAllister office within seven days. If you have a check returned for insufficient funds, checks will no longer be an accepted form of payment on your account. In the event that litigation is instituted by McAllister Recreation Center to enforce any portion of this agreement, including the payment of fees, McAllister Recreation Center will be entitled to recover fees due, court costs and costs of litigation including a reasonable attorney fee.

The following dates are when camp payments will be due this summer:

May 22 <sup>nd</sup>	June 17 <sup>th</sup>	July 15 <sup>th</sup>	August 12 <sup>th</sup>
May 28 <sup>th</sup>	June 24 <sup>th</sup>	July 22 <sup>nd</sup>	
June 3 <sup>rd</sup>	July 1 <sup>st</sup>	July 29 <sup>th</sup>	
June 10 <sup>th</sup>	July 8 <sup>th</sup>	August 5 <sup>th</sup>	

If you have any questions regarding camp payments, please contact the McAllister Center Camp Director at (765) 807-1360.

Please sign and date this form and return it to the McAllister office. Your signature verifies that you have read, understand, and agree to comply with the camp payment procedures and policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name