



**Mary Rigg Neighborhood Center
2022 Summer Day Camp
May 31st - July 22nd**

NO CAMP MONDAY, JULY 4th

GROUP: 5/6 7/8 9/10 LEADERS BEFORE AFTER BOTH

Camper Name:	D.O.B.:	Age:
Address:	City:	Zip Code:
Gender: M / F	Race:	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current School Name:	Grade for 2022-2023:	
Parent/Guardian Name:	Phone Number:	
Email:		
Employer Name:	Employer Phone:	
Employer Address:		
Parent/Guardian Name:	Phone Number:	
Employer Name:	Employer Phone:	
Employer Address:		
Camper lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both Parents <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____		
Camper's shirt size: Youth size: _____ or Adult size: _____		

Release Form

The following people listed below are allowed to pick up _____:
(Name of Child)

(Your child must be signed in/out daily)

Please remind people picking up your child that we WILL ask for ID.

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anyone not listed above will not be able to pick up your child without previous notification to the camp director.



Mary Rigg Neighborhood Center Medical Release Form

RELEASE OF LIABILITY TO DISPENSE MEDICATION

I hereby request that the medication(s) listed below be administered to my child during their attendance at Mary Rigg Neighborhood Center (MRNC), and I agree to hold harmless MRNC and its employees and agents from and against any injury (including death) to my child which may occur from the administration of such medication.

All medications must be in original container with child's name clearly printed on it

Table with 3 columns: Medication #1, Medication #2, and rows for Name of Medication, Prescribing Physician, Physician Phone Number, Prescription Number, Dosage, Time to Dispense, Date to Begin Medication, Date to End Medication.

To better support your child's learning, social, physical, and emotional development, please check all that apply.

My child has the following:

- Checkboxes for Allergies/Special Diet, IEP/504 Plan, Diagnosed Learning Disability/Special Needs, Medical Condition, Other.

EMERGENCY CONTACT INFORMATION

If parent/guardian is not available in an emergency, please notify: ID will be required.

Name: Relation: Phone:

Name: Relation: Phone:

In the event my child is injured, I authorize the center's Director or an authorized representative to secure first aid for my child or take my child to the hospital with the understanding that any financial responsibility is the obligation of the parents and not of MRNC.

RELEASE OF LIABILITY FOR EXCURSIONS

I hereby give permission for my child to attend all fieldtrips offered as part of this program. I agree to hold harmless MRNC, their agents, employees, and volunteers from any and all liability arising from such activities, including any accident or injury to the camper and the cost of medical service.

All About

(CHILD'S NAME)

Nick name/preferred name: _____

I live with (check all that apply):

- Mom
- Dad
- Step Mom
- Step Dad
- Grandparent
- Foster Parent
- Other _____

Siblings (names and ages): _____

Pets (name and breed) : _____

Likes/Interests: _____

Dislikes/Fears: _____

What else would you like us to know about your child?

