



Greensboro Parks and Recreation Department Summer Camp Registration & Waiver Form

1001 4th. Street
Greensboro, NC 27405
336-373-CITY
www.GSOParksandRec.com

Camper Information

First Name: _____ Last Name: _____ DOB: ____ / ____ / ____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Other Phone(s): _____
Email Address: _____ Male Female
 City of Greensboro Resident Guilford County Resident Non-Guilford County Resident

Primary Guardian Information

First Name: _____ Last Name: _____ DOB: ____ / ____ / ____
Home Phone: _____ Cell Phone: _____ Other Phone(s): _____
Email Address: _____ Male Female

Secondary Guardian Information

First Name: _____ Last Name: _____ DOB: ____ / ____ / ____
Home Phone: _____ Cell Phone: _____ Other Phone(s): _____
Email Address: _____ Male Female

Emergency Contacts

In the event that there is an emergency and we cannot reach the primary or secondary guardians, please provide us with names of other people we may reach out to. Changes to this list must be submitted in writing.

Name: _____ Relation: _____ Phone(s): _____
Name: _____ Relation: _____ Phone(s): _____
Name: _____ Relation: _____ Phone(s): _____

Authorized Pick-Up List

Please provide us with names of anyone other than the primary and secondary guardians that are allowed to check your child out from our summer camp program. Individuals on this list must be 16 or older and will be required to show a government issued, picture ID. Changes to this list must be submitted in writing.

Name: _____ Relation: _____ Phone(s): _____
Name: _____ Relation: _____ Phone(s): _____
Name: _____ Relation: _____ Phone(s): _____

Social Media and Photography Waiver

By signing below, I also hereby expressly grant to the City of Greensboro and assign the right to photograph/video my child/ward, and to use his/her picture, image, silhouette and other reproductions of his/her physical likeness, for the exclusive use by the City on the official City of Greensboro's web site, social media or in any publications. I acknowledge that neither I nor the minor child I am registering will receive compensation for such use by the City. I understand that this Release shall not expire. I represent that I am the parent/guardian of the child named below and I possess full contractual rights to enter into this Release. I hereby certify that I am over the age of eighteen (18) and represent that I have read the foregoing and fully understand the meaning and effect thereof and intending to be legally bound here set in my hand on the date listed below.

By checking this box, I do not give permission for my child/ward to be photographed or captured in video.

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

Field Trip/Transportation Waiver

I, the undersigned parent or legal guardian, do hereby release, indemnify and hold harmless the City of Greensboro, the Parks and Recreation Department, its staff, volunteer organizers and sponsors, any and all of them, from any liability which may result from my child taking field trips with the program. All field trips will be posted in advance.

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

Health Information

The City of Greensboro recommends that parents or guardians consult their child's pediatrician or health care professional to assess their child's ability to participate in the program. It is requested that parents or guardians provide, in writing, any additional instructions for the specific condition or special need of their child. Place any medical/allergy notes on the lines below.

If your child has an allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your child with an Epi-Pen to keep at the program site.

Please check here to verify that you will not be providing your child with an Epi-Pen for the allergy listed above, that you understand the risks of not doing so, and that you release the City of Greensboro from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian.

Accommodation Request

The City of Greensboro Parks & Recreation welcomes the participation of all individuals, including those with disabilities or special needs, and is committed to complying with the ADA by providing reasonable accommodations to facilitate participation in programs. To ensure that accommodations are in place, requests should be received at the time of registration. If you require assistance, please call 336-373-2558.

Do you need a modification because of a disability or concern to enjoy this program? Yes No

Medication and General Liability Waiver

I understand that in consenting to allow City staff, volunteer, or agents to administer medication to my child that the medication will not be administered by a medical professional. I agree for myself and for my heirs, assigns, executors and administrators to release, acquit, waive and forever discharge any legal rights I may have to seek payment or relief of any kind from the City of Greensboro, its officers, employees, volunteers, or its agents for injury, illness, death or property loss resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child in the program. I also agree not to sue the City, its officers, employees or agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program. Permission is given for any emergency medical treatment which might become necessary and I agree to be responsible for the expense of medical treatment or service.

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

Information Disclosure Agreement

By signing below, I acknowledge that:

- The facility manager will be disclosing pertinent information to administrative and camp staff to ensure everyone's safety.
- The City of Greensboro provides no insurance coverage for participants.
- I agree to read the parent handbook upon receipt.
- I have selected an appropriate program for the interests and abilities of the child and the information I have provided on the Registration & Waiver Form is current and accurate.
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s).
- I authorize the City of Greensboro staff to seek appropriate medical care if a parent/guardian cannot be reached.

Signature is required to complete the registration process. Note: Greensboro Parks & Recreation Department staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the participant to those person(s) listed. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____