

**COBB COUNTY PARKS, RECREATION & CULTURAL AFFAIRS DEPARTMENT
CAMP HORIZON**

Camper Medical & Information

This information is good for only **one** year.

Date _____

It is imperative that you notify us of any changes in condition or medications during the year. If registering more than one camper, please complete a form for each.

This form must be completely filled out before we will register the participant.

Contact Information

Camper's Name (Last) _____ (First) _____

Address _____ City & Zip _____

Female ___ Male ___ Age _____ Birth date _____ grade completed last school
year _____

Home Phone (____) _____ E-Mail _____

Mother's Name _____ Father's Name _____

Mother's Cell Phone (____) _____ Mother's Work Phone (____) _____

Father's Cell or Home Phone (____) _____ Father's Work Phone (____) _____

Alternate Emergency Contact _____ Relationship to Participant _____

Doctor's Name: _____ Phone: _____

CAMPER/PARTICIPANT INFORMATION:

Please check or circle the correct response, complete each category and list any other information you feel CCPRCAD should be aware of to provide safe and enjoyable activities for the individual being registered.

School last attended: _____ Type of Class: (i.e. Resource, Self-contained, Inclusion, Regular) _____

Class Ratio (children: teacher: aide, i.e. 12:1:1, 20:1) _____

Does your child have a one-to-one aide? ___ Yes ___ No

Type of services & frequency received in school or privately (i.e. OP/PT 2x week, speech 1x week) _____

Extra curricular activities (i.e., socialization programs, clubs, religious, sports) _____

Is child toilet trained? ___ Yes ___ No Toileting assistance required? ___ Yes ___ No Type _____

Does child have history of physical and/or aggressive behavior? ___ Yes ___ No If yes, explain: _____

Please describe child's social interaction with a) peers b) adults c) siblings _____

Please describe child's behavior when he/she is having difficulty (not getting his/her way, medication wearing off etc.): _____

Please describe method of discipline you use: _____

Inappropriate Activities: _____

Areas/goals for the instructor to work toward: _____

Please indicate under what circumstances, if any, participant may be without leader supervision (i.e. to leave for home on own, etc.) _____

IS A BUS AIDE REQUIRED FOR SCHOOL TRANSPORTATION? Yes ___ No ___ If yes, explain why: _____

SWIM INFORMATION: Beginner ____ Advanced Beginner ____ Intermediate ____ Advanced ____ Diving ____

Release of information permission for CCPRCAD to contact school concerning the camper's needs: Yes ____ No ____.

Other information we may find helpful to know:

Circle All That Apply: Mild Intellectual Disability	Moderate Intellectual Disability	Severe Intellectual Disability
Profound Intellectual Disability	Emotional or Behavioral Disorder	Specific Learning Disability
Orthopedic Impairment	Hearing Impairment	Other Health Impairment
Speech-Language Impairment	Pervasive Developmental Delay	Traumatic Brain Injury
Attention Deficit/Hyperactivity Disorder	Fragile X Syndrome	Autism
		Aspergers

MEDICAL CONDITIONS: Diabetes Shunts Braces/Canes/Walker Hearing Aid Ear Tubes Glasses Catheter

Needs Interpreter (type) _____ Wheelchair (type) _____

Allergies (food, medication etc.) _____

SEIZURES: Yes ___ No ___ Epilepsy Yes ___ No ___ Are seizures controlled by medication? Yes ___ No ___

Date of last seizure: _____ Type of seizure and treatment desired: _____

MEDICATION: Type, Dosage/Time _____ Type, Dosage/Time _____

Comments _____

A permission form must be obtained, signed and returned to CCPRCAD in order for staff to assist with medication administration. Contact CCPRCAD TRS Unit to obtain a form.

SAFETY: CCPRCAD is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. CCPRCAD continually strives to reduce such risks and provides safety rules and instructions to protect participants.

INSURANCE: CCPRCAD carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to **provide their own medical insurance**. CCPRCAD must have the following information, however, in case of an emergency.

Name of individual carrying primary insurance _____

Relationship to Camper _____

Medical Insurance Co _____ Policy # _____

PARTICIPANT INSURANCE: Participants enrolled in Cobb Parks, Recreation and Cultural Affairs summer camps can purchase insurance at a cost of \$3.65 per person. Effective dates are from first day of camp to the last.

I wish to purchase insurance. Yes ___ No ___ Photo permission for CCPRCAD publicity purposes: Yes ___ No ___

Parent/Guardian Signature

Date

RELEASE AND HOLD HARMLESS AGREEMENT
PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program.

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless Cobb County Parks, Recreation and Cultural Affairs Department, Cobb County Recreation Commission, Cobb Arts Commission, Cobb County Board of Commissioners and Cobb County, Georgia, and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: _____ BY: _____ (Signature of **Participant**)

DATE: _____ BY: _____ (**Parent or Guardian**)

NOTE: Signature of participant and parent/guardian are both required if participant is **under age 19**, or is registered for a program for the mentally or physically disabled, or other special population member.

In order that the Department assures compliance with ADA (American with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff who work with the program/facilities aware so that we can reasonably accommodate your need.