



# Washtenaw County Parks & Recreation Summer Playground Camp 2021

Registration Form - **Complete 1 form per child.**

Child's Name (Please PRINT): \_\_\_\_\_  
(last name) (first name)

Gender (circle): Male Female Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade entering the Fall 2021 (circle one): 1st 2nd 3rd 4th 5th 6th

Parent/Guardian Name: \_\_\_\_\_

Phone Number(s): Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email \_\_\_\_\_

Household Income: less than \$20,000 \_\_\_ \$20,000-\$44,999 \_\_\_ \$45,000-\$139,000 \_\_\_ More than \$140k \_\_\_

**\*Due to limited numbers, Camp has been split into sets. Please select 4 weeks back to back for your child (ren) to attend. Set 1: Weeks 1-4 Set 2: Weeks 5-8. (You can choose all 8, but put stars by your priority set.)**

### West Willow

New Covenant Church  
2345 Tyler Rd,  
Ypsilanti, MI

**Monday - Thursday  
9 a.m. -4 p.m.**

- Week 1 : June 21-24
- Week 2: June 28-Jul 1
- Week 3: July 5-8
- Week 4: July 12-15
- Week 5: July 19-22
- Week 6: July 26-29
- Week 7: Aug.2-5
- Week 8: Aug.9-12

### Sugarbrook

Grace Fellowship  
Community Life Center  
1301 S. Harris Rd,  
Ypsilanti, MI

**Monday - Thursday  
9 a.m. -4 p.m.**

- Week 1 : June 21-24
- Week 2: June 28-Jul 1
- Week 3: July 5-8
- Week 4: July 12-15
- Week 5: July 19-22
- Week 6: July 26-29
- Week 7: Aug.2-5
- Week 8: Aug.9-12

### Superior Twp.

Christian Love  
Fellowship Church  
1601 Stamford Rd,  
Superior Twp., MI

**Monday - Thursday  
9 a.m. -4 p.m.**

- Week 1 : June 21-24
- Week 2: June 28-Jul 1
- Week 3: July 5-8
- Week 4: July 12-15
- Week 5: July 19-22
- Week 6: July 26-29
- Week 7: Aug.2-5
- Week 8: Aug.9-12

FOR OFFICE USE  
Recieved By:

Date:

Please put a check ✓ **ABOVE** by all dates/weeks you want your child(ren) to attend.

**Must fill out every page in order for registration to be complete!**  
**Summer Playground Camp is for children 5-11 years old.**

# Emergency Contact & Health Information

Primary Contact Person: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ / (W) \_\_\_\_\_ / (C) \_\_\_\_\_

**Secondary Contact Person:** \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ / (W) \_\_\_\_\_ / (C) \_\_\_\_\_

Please list all persons (must be 18 years or older) with permission to drop off/pick up your child.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you feel your child is old enough to walk to and from camp unsupervised please indicate below:**

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to walk to and from Playground summer camp location at \_\_\_\_\_ without an adult . I understand that the moment my child exits the Summer Playground Camp premises I assume full responsibility for his/her well being. WCPARC Summer Playground Camp will not be held liable under any circumstance for my child once he/she leaves.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

## Health Information: Circle the answer.

Are your child's immunizations up to date? Yes No

Other Health Issues/Contagious Diseases (If any) \_\_\_\_\_

Does your child have any physical restrictions? Yes No

If yes, please list restrictions: \_\_\_\_\_

Please list all medications your child is currently taking: \_\_\_\_\_

Does your child have any existing allergies we should know about? Yes No

If yes, please list allergies: \_\_\_\_\_

Food Requirements: Vegetarian / Vegan / Gluten Free **(circle one)**

Does your child require an EpiPen for these allergies?\* Yes No

**\*Please Note: WCPARC Employees are not authorized to dispense medication or administer injections. Playground Camp staff will use EpiPens, if provided by the child's parent, in an effort to save the child's life. This is the one and only exception to dispensing medication at WCPARC Programs.**

**If there is any additional information you would like to tell us about in regards to your child's needs?**

\_\_\_\_\_  
**If WCPARC Playground Camp Staff are unable to reach me or a person whom I have designated, I understand appropriate emergency care deemed advisable by WCPARC will be sought. I agree to pay for all expenses that may be incurred by this emergency care.**

**I hereby state that the information provided on this form is correct to the best of my knowledge.**

Parent/ Guardian (PRINT)

Parent/Guardian (SIGNATURE)

\_\_\_\_\_  
Date: \_\_\_\_\_

**RELEASE AGREEMENT**

**Photo Release:**I understand that photographic and or video recordings of the child identified on this registration form may be taken during camp. I provide permission to Washtenaw County Parks and Recreation Commission to use such images in the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Washtenaw County Parks and Recreation website, sponsoring agencies and, if applicable, owners and lessors of premises used to conduct the program.

**Zero Tolerance**

The WCPARC playground camp has a zero tolerance policy towards physical violence of any nature. Incidents involving any type of violence will result in a meeting with Site Coordinator and disciplinary suspension, possibly including an expulsion from camp. I understand that my child will be expected to comply with the established guidelines for playground camp, which requires children to refrain from using any foul language, hitting, biting, and using threats, bullying, etc.

**Acknowledgement & Release of Liability**

I acknowledge there are risks associated with my child's participation in this activity, including, but not limited to those associated with travel, transportation or vehicular traffic, water activities, climate or weather or other natural phenomenon, accident, the child's own actions or the actions of others. I understand that these risks may result in serious illness, injury or death, and I hereby accept and assume, for my child, all such risks. My child is able to participate in the associated activities. In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns to: Waive, release and discharge from any and all liability of Washtenaw County, its elected and appointed officials, employees, students, agents, and volunteers for any death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to my child, including as to my child's traveling to, from, and during this activity/trip.

Indemnify and hold harmless of Washtenaw County and the organizers, its elected and appointed officials, employees, students, agents, and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

I further understand the Washtenaw County and organizing groups are not and will not be responsible for any medical costs that may be incurred by me or my child. I authorize Washtenaw County staff to seek and obtain emergency medical or surgical services for me during this activity/trip, if required.

I understand and agree to the statements above.

By signing below you acknowledge that you are parent or guardian of the child identified on this registration form, that you have read this release and registration form fully, and that you authorize to agree on behalf of yourself and the child identified on this registration form and anyone who may be entitled to bring claim on the child's behalf to the following:

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**Must fill out every page in order for registration to be complete!**

# COVID-19 WAIVER

I understand that my child's participation in WCPRC Day Camp has risks, including the risk of exposure to contagious viruses such as COVID – 19. I acknowledge that it is my responsibility to keep my child home from camp in the event that he/she has had a positive test for COVID and or demonstrates any of the symptoms associated with COVID. Those symptoms include:

- Fever or chills.
- Cough.
- Nasal congestion or runny nose.
- New loss of taste or smell.
- Sore throat.
- Shortness of breath or difficulty breathing.
- Diarrhea. Nausea or vomiting.
- Stomachache, Tiredness, Headache, Muscle or body aches
- Poor appetite

I acknowledge and agree to the statement above. In the event that while at camp any of these symptoms start to show in my child, I understand I will be called to pick my child up and take them home.

Parent/Guardian Name (Print)

---

Parent/Guardian Signature

---

Date: \_\_\_\_\_