

Crowley Recreation Center



Child's Name _____

Check the box next to your desired weeks or list drop-in dates.

Week Dates	Field Trip Location**	Weekly Fee		Drop-In Days
1) June 6-10	Splash Station	\$130	<input type="checkbox"/>	_____
2) June 13-17	Main Event	\$130	<input type="checkbox"/>	_____
3) June 20-24	Globe Life Park	\$130	<input type="checkbox"/>	_____
4) June 27-Jul 1	Pirates Cove	\$130	<input type="checkbox"/>	_____
5) July 5-8	Ft Worth Zoo	\$130	<input type="checkbox"/>	_____
6) July 11-15	Ft Worth Stockyards	\$130	<input type="checkbox"/>	_____
7) July 18-22	Splash Station	\$130	<input type="checkbox"/>	_____
8) July 25-29	Flight Deck	\$130	<input type="checkbox"/>	_____
9) Aug 1-8	Young Chef's Academy	\$130	<input type="checkbox"/>	_____
10) Aug 8-12	Ripley's Believe it or Not	\$130	<input type="checkbox"/>	_____
11) Aug 15-19	Pirates Cove	\$130	<input type="checkbox"/>	_____

****Field Trip Locations/Days are subject to change**

*Drop-in days are available; notice to attend a field trip must be made by **Monday** the week your child wishes to attend. Field trip spots are limited and are filled with reservations first, then drop-ins. Drop-in fees are \$30 per day (\$35 for field trip days). A one-time \$25 registration fee per child is required with application; this also applies to drop in days only. This fee includes a camp t-shirt to be worn on field trips.

**All fees are due no later than pick up on the first day of the week the child attends camp. Please make checks payable to the City of Crowley.

Medical Information (please write NA if the question does not apply)

1) Does your child have any medical conditions they may be affected by while attending the Crowley Recreation Center camp? (ADD, epilepsy, food allergies, etc.)

2) Does your child have any limitations that may affect their ability to participate in any physical activities while attending the Crowley Recreation Center camp?

3) Name & Phone Number of Childs Physician:

4) Parent's Preferred Hospital (in case of emergency and a contact cannot be reached)

I authorize the emergency medical treatment of my child in the event that a parent/guardian cannot be reached, should it become necessary.

Parent/Guardian Signature

Date

Pick-Up Authorization (other than previously listed parent/guardian)

1) _____
Authorized Person Name Relationship to Child

Daytime Phone Evening Phone

2) _____
Authorized Person Name Relationship to Child

Daytime Phone Evening Phone

3) _____
Authorized Person Name Relationship to Child

Daytime Phone Evening Phone

4) _____
Authorized Person Name Relationship to Child

Daytime Phone Evening Phone

Medications

Administration of prescription medicine to children, during camp hours, shall be restricted to necessary medication that cannot be given on an alternate schedule.

Prescription medicine should have a label affixed by a pharmacy or physician showing the following:

1. Name of Child
2. Dosage and Schedule of Administration
3. Physician's Name
4. Name of Medication
5. Written Note from a Parent/Guardian

Non-Prescription Medication must be sent in the original container with the following affixed to the container:

1. Name of Child
2. Dosage and Schedule of Administration
3. Written Note from Parent/Guardian

All medications will be kept in the Crowley Recreation Center administrative office. Children must be able to take the medication by themselves. Staff will only supervise as child administers medicine. Medication (including aspirin, ibuprofen, acetaminophen, etc.) will not be given out to campers. If the above steps are not followed, the medication will not be given and we will contact the parents at that time. If your child should become ill or has a serious injury while at camp, you will be notified.

Please do NOT send your child to camp if he or she is ill. If your child will not be present because of illness, please notify the Recreation Center at 817-297-2201 ext 7000.

Parent/Guardian Signature

Date

Other Camp Policies

I understand that drop-off begins at 7:00 am, and the first scheduled activity begins at 8:00 am. Some activities will require campers to leave the building by 9:00 am. If bus has already left I will have the option to take my child to the destination or have my child wait at the CRC until the group returns. Pick up must be no later than 6:00 pm. late fees will apply. I agree to call if I am running late 817-297-2201 ext. 7000.

I understand that I must be prepared to present identification when picking up my child until the counselor becomes familiar with me. Only those additional individuals that I have listed as authorized on this form will be allowed to leave with my child.

I understand that campers will need to provide their own sunscreen labeled with the child's name. If I request, the counselor may assist in appropriate application. I understand that spray sunscreen will be administered by counselors periodically while my child is outside.

I understand that campers will be transported for daily/weekly trips. The City has a 15-passenger van as well as other city issued vehicles which will be used for transportation for our field trips. Campers must wear the camp T-shirt that has been provided to them on all field trip days.

I understand that only essential items should come to camp with my child. All belongings such as lunch boxes, clothes, and so on, should be clearly labeled. Campers will be provided with activities throughout the day and do not need to bring portable entertainment devices. As thus, we cannot be responsible for those items or any other personal items such as toys, hand-held games, phones, etc.

I understand that tennis shoes are required to participate in all camp activities. Comfortable clothing appropriate for gym games and field trips are recommended.

I understand that lunch is around 11:30am daily & the counselors provide a snack in the afternoon. Campers will need to bring a labeled lunch daily. For field trips days, lunches put in gallon sized Ziploc baggies work best for packing in ice chests.

I understand that campers may watch movies as a part of the summer program and that all movies are G or PG rated.

My Child's Name _____

Parent/Guardian Signature

Date

Waiver of Liability

I, on behalf of myself and/or the individual(s) being registered, agree to allow the registrant to participate in activities directly or indirectly operated, offered, conducted and/or otherwise provided by the City of Crowley (the "City") including, but not limited to, memberships, passes, admissions, classes, programs, special events and/or any other type of activity (hereinafter individually and collectively referred to as the "Activities") and hereby authorize the City, its employees, volunteers, program directors and/or instructors, as duly authorized agent(s) for the registrant, to consent of medical, emergency, surgical and/or dental care, services, examinations and/or any and all other treatments deemed necessary by such professionals and arising out of and/or in conjunction with, directly or indirectly, the Activities. I agree pictures taken of me and/or the registrant during the Activities may be used for any purpose.

For and in consideration for my/our participation in the Activities, I hereby agree to release, acquit, hold harmless forever discharge and waive any and all claims that I/we may have against the City of Crowley, its Council Members, officers, agents, representatives, employees, volunteers, program directors, instructors, members, heirs, legatees, administrators, executors and assigns, in whole or in part, in both their private and public capacities, (hereinafter collectively referred to as "Releasees") from any and all actions, causes of actions, claims, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in any way arising out of or connected in any manner with my/our participation in the Activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or costs caused by or related to any negligent or intentional act of any Releasee.

It is further agreed that the execution of this release and acceptance of the same shall not constitute a waiver by the City of Crowley, Texas, and its Releasees, of its/their governmental immunity and/or any other defense it may have at law and/or equity, whether state and/or federal. Acceptance of this release is not to be construed as an admission of any liability whatsoever by any or all of the Releasees.

I further agree to indemnify and defend the Releasees if I am not authorized to sign and legally bind the registrant to the terms of this release or if the person named herein attempts to rescind this release. If any term of the release is deemed void or voidable, it shall not affect the enforceability of anything else in the release. This Release of Liability Form will be valid and in force and effect for all purposes stated herein for 12 months from the date of execution.

Parent/Guardian Signature

Date

