



Duluth Parks & REC Summer Day Camps 2019

Relationships. Exploration. Creativity.

Please complete this entire form and return via email, mail, or to the Parks & Rec office at:

City of Duluth Parks & Recreation ATTN: Day Camps

411 W. 1st St. - Ground Floor

Duluth, MN 55802

Please contact Parks & Rec staff with questions at (218) 730-4325 or email parks@duluthmn.gov

Schedule with sites, dates, and themes located on page 4.

General Information

Child's Name: First _____ Last _____
 Age: _____ DOB: _____ Gender: M F Other

Parent/Guardian #1 Name: First _____ Last _____
 Email: _____ Relationship to child: _____
 Phone #: _____ Secondary Phone #: _____
 Home Address: _____ City: _____ Zip: _____

Parent/Guardian #1 Name: First _____ Last _____
 Email: _____ Relationship to child: _____
 Phone #: _____ Secondary Phone #: _____
 Home Address: _____ City: _____ Zip: _____

Emergency Contacts

In case of emergency, the following may be contacted if contacts listed above are not reachable:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Daily Dismissal/Pick Up

Adults AUTHORIZED to pick up your child(ren) from this program:

Name _____ Relationship _____

Name _____ Relationship _____

List any person that is NOT authorized to pick up your child(ren):

Name _____ Relationship _____

Name _____ Relationship _____

Special Medical Conditions or Medication Needs

What	Description
Allergies	
Dietary restrictions	
Physical limitations	
Sensory, mental, or behavioral notes for staff	

Emergency Medical Information

Medical Insurance Carrier & Policy #: _____

Doctor: _____ Phone: _____

Hospital/Clinic: _____ Phone: _____

Dentist: _____ Phone: _____

Photo Consent

_____ **YES**, I agree to the use (without compensation) of the named child's photograph, videotape, artwork/projects or other likeness on the DuluthParksMN Facebook page or for City of Duluth Parks & Recreation promotional purposes.

_____ **NO**, the City of Duluth's Parks & Recreation department may not use named child's photograph, videotape or other likeness for promotional purposes.

Sunscreen & Bug Spray Assistance Consent

_____ I give permission to staff to assist in sunscreen and bug spray application unless otherwise noted in the Special Medical Conditions section of this form.

Transportation Consent

_____ I give consent for my child to participate in any off-site activity during the summer camp program. Transportation to and from these activities will be provided via bus or van which will be under the supervision of camp staff members.

Hold Harmless Agreement

Waiver and Release

I recognize the dangers and possibility of injury associated with recreation program activities. I assume all risks in connection with the activity for which I have registered and acknowledge my participation is voluntary. I agree that the City and anyone acting on its behalf may not be held liable in any way for any event that occurs in connection with this activity which may result in injury, illness, death or other damage to me or my property. This waiver does not apply to injuries or damage as a result of willful, wanton, or intentional misconduct by the City or anyone acting on its behalf. I agree to defend, indemnify, and hold the City and anyone acting on its behalf harmless for any expense or liability as a result of my actions or omissions while performing this activity.

Data Practices Warning

Under the Minnesota Government Data Practices Act (Minn. Stat. § 13.548), your name, address, telephone number, and e-mail are private data. You may choose not to provide some or all of this private data, but it may limit your ability to participate in this recreation program. For example, your contact information is needed to provide information to you such as team assignment, game schedule, cancellation information, camp schedule etc. By signing below, you are consenting to allow registration information to be shared with city park and recreation staff, coaches, supervisors or instructors, and other registered program participants in order to administer this activity. This consent expires upon completion of this activity.

By signing below you are agreeing to the Waiver and Release Agreement and acknowledging the Data Practices Warning. If you do not agree to this waiver, you will not be able to participate in the recreation program.

Parent/Guardian Signature

Date

Program Cost and Payment

* If your family is requesting financial assistance to attend this program, please check the following box. Program staff will contact you with the next steps in the Financial Assistance application process *

I am requesting financial assistance to participate in this program

Please check the following boxes to indicate which program weeks your child will be attending:

Morgan Park Recreation Center
8:30 am – 4:00 pm : \$150/week

- June 10th-14th: Explore Week
- June 17th-21st: Outdoor Skills Week
- June 24th-28th: Bike Week
- July 8th-12th: Nature Science Week
- July 15th-19th: Treasure Hunt Week

Piedmont Park Recreation Center
8:30 am – 4:00 pm : \$150/week

- July 22nd-26th: Explore Week
- July 29th-Aug 2nd: Outdoor Skills Week
- August 5th-9th: Bike Week
- August 12th-16th: Nature Science Week
- August 19th-23rd: Treasure Hunt Week

Pre- and Post- Program Care					
7:30 am – 8:30 am , 4:00 pm – 5:00 pm					
\$15/week each (check boxes below)					
Week	Pre	Post	Week	Pre	Post
June 10 th -14 th	<input type="checkbox"/>	<input type="checkbox"/>	July 22 nd -26 th	<input type="checkbox"/>	<input type="checkbox"/>
June 17 th -21 st	<input type="checkbox"/>	<input type="checkbox"/>	July 29 th -August 2 nd	<input type="checkbox"/>	<input type="checkbox"/>
June 24 th -28 th	<input type="checkbox"/>	<input type="checkbox"/>	August 5 th -9 th	<input type="checkbox"/>	<input type="checkbox"/>
July 8 th -12 th	<input type="checkbox"/>	<input type="checkbox"/>	August 12-16 th	<input type="checkbox"/>	<input type="checkbox"/>
July 15 th -19 th	<input type="checkbox"/>	<input type="checkbox"/>	August 19 th -23 rd	<input type="checkbox"/>	<input type="checkbox"/>

Program staff will contact you regarding payment total and payment plan once registration form is processed