



# Summer Day Camp

400 Alice Street • Ocean Springs, MS 39564  
Phone: (228) 875-8665 • Fax: (228) 872-5001

## REGISTRATION FORM

(Please Print Clearly)

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male  Female

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size: (Youth) S  M  L  (Adult): S  M  L  XL

Only One(1) T-shirt will be provided to each child. Sizes listed are the only sizes available.

### Father's Information

Fathers Name \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

### Mother's Information

Mothers Name \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

### EMERGENCY CONTACTS

Application must contain at least 2 Emergency Contact individuals in the event the parent/legal guardian is unavailable.

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Choice (in case of medical crisis) \_\_\_\_\_

Special Instructions: \_\_\_\_\_



### HEALTH & INSURANCE INFORMATION

Please list any health problems which may limit your child's activities. (medication, allergies, asthma, etc.) If none, please write N/A.

\_\_\_\_\_

The OSPL Staff has my permission to give the following over-the-counter items to my child as needed. Check All that apply:

SUN SCREEN  CHILDREN'S NON ASPIRIN  INSECT REPELLENT  BENADRYL CREAM  COUGH DROP

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I UNDERSTAND THAT I SHALL BE NOTIFIED IF A HEALTH PROBLEM OCCURS. HOWEVER, IF I CAN NOT BE REACHED BY TELEPHONE, OR MY CHILD IS IN MEDICAL CRISIS AND REQUIRES IMMEDIATE CARE, I AUTHORIZE A REPRESENTATIVE OF THE CITY OF OCEAN SPRINGS TO OBTAIN ANY AND ALL MEDICAL TREATMENT TO BE PERFORMED AS DEEMED NECESSARY BY LICENSED MEDICAL PERSONNEL, INCLUDING EMERGENCY MEDICAL PERSONNEL, AMBULANCE PERSONNEL AND HOSPITAL DOCTORS AND NURSES.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE (OVER)

**CHILD PICK-UP AUTHORIZATION**

The persons listed below are empowered by the parents of guardians to pick up and drop off the child named on this application. The Ocean Springs Department of Parks & Leisure Services will ask for identification from these persons before releasing the child to them. If any person, even if they are listed below, fails to provide satisfactory identification when requested, the child will not be released to them until the parent or guardian is contacted. We require the parent or guardian to send a notification in writing to the camp director when someone other than the parent will be picking up the child.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_

**FIELD TRIP AUTHORIZATION**

The child named on this application has my permission to attend the scheduled field trips, which are organized and sponsored by the City of Ocean Springs Department of Parks & Leisure Services After-School program. I understand that I will be notified in advance of all field trips and of any additional fees or arrangements which may arise as a result of field trips. Additionally, I understand that transportation to and from the destinations will be by bus and if I do not wish for my child to participate in any of the scheduled field trips, I will notify my child's camp director in writing at least 24 hours prior to the scheduled trip. I acknowledge that trip schedules may change due to unforeseen and uncontrollable situations.

**PARENT HANDBOOK & MS CHILDCARE REGULATIONS SUMMARY**

I have received a copy of the City of Ocean Springs Department of Parks & Leisure Services After-School Program Parent Handbook which outlines the policies and procedures, code of conduct, disciplinary procedures and other information concerning the summer program. Included in the handbook is the MS Childcare Regulations Parent Summary.

**RELEASE OF LIABILITY**


- In consideration of the services and facilities provided by the Ocean Springs Department of Parks & Leisure Services, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in this program.
- I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity.
- I agree that photographs, videotapes, motion pictures, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated by the Ocean Springs Parks & Leisure Services Department. I hereby grant Ocean Springs Parks & Leisure Services permission to use such images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name in connection therewith if the Ocean Springs Department of Parks & Leisure Services so chooses.
- In case of illness, I authorize a representative of the City of Ocean Springs to obtain immediate care deemed necessary by licensed medical personnel.
- I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

I, the parent/guardian of the child whose name appears on this application, who is participating in the Ocean Springs Parks & Leisure Services Summer Day Camp Program, hereby give my permission and approval to his/her participation during the current year. I assume all risks and hazards incidental to the conduct of this program and its activities. I do further hereby release, absolve, and indemnify and hold harmless the Ocean Springs Parks & Leisure Services Department, the organizers, the sponsors, the supervisors, and/or all of them. In case of injury to my child, I likewise waive all claims against the organizers, the sponsors, or any of the supervisors as well as any claim against any person transporting my child to and from the activities.

Signature of Parent/Guardian \_\_\_\_\_

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

Date \_\_\_\_\_ Phone \_\_\_\_\_



The Ocean Springs Parks & Leisure Services After-school & Summer Programs are operated by the City of Ocean Springs Parks & Leisure Services Department and is fully licensed by the Mississippi State Department of Health Office of Child Care Licensure.

All policies and procedures administered by this program are in full compliance with the regulations set forth by this governing authority including but no limited to: staff training, camp operations, background checks, staff/child ratios, etc.

*REVISED APRIL 2008*

**FOR OFFICE USE ONLY**

Registration Fee \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Receipt #: \_\_\_\_\_

Field Trip Fee \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Receipt #: \_\_\_\_\_

Birth Certificate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Form 121 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accepted /  Declined \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Withdrawn \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason: \_\_\_\_\_

Registration Staff Initials: \_\_\_\_\_