

Bern Bear Bunch Day Camp ColorSplash Summer Camp & Taste the Adventure Summer Camp



"West New Bern Recreation Center is ecstatic to have your camper participate in our summer camp programs..."

Check One: Camp & Residency

☐


___ City Resident: \$70.00
___ Non-City Resident: \$90.00

☐


Taste the Adventure

___ City Resident: \$105.00
___ Non-City Resident: \$125.00

☐


___ City Resident: \$85.00
___ Non-City Resident: \$105.00

Parent's E-mail Address: _____

****Deposits must be put on each additional session you wish for your child to attend at the time of registration****

****Campers may be dropped off no earlier than 7:45am for early drop off and picked up no later than 5:30pm for late pick-up****

Name of Child _____
(Last) (First) (Middle) (Age)

Address _____
(Street) (City) (State) (Zip Code)

Father's Name _____ Mother's Name _____

Father's Wrk _____ Mother's Wrk _____

Father's Cell _____ Mother's Cell _____

Emergency Contact 1 _____
Name Number

Emergency Contact 2 _____
Name Number



Getting to know your camper...

"Your camper along with the staff members will enjoy weeks full of cultivating experiences that will stimulate growth in ways that you cannot imagine..."

Camper's DOB _____ Weight _____ Height _____

Does your camper have any known allergies? ____No ____Yes, explain _____

Does your camper have any physical or mental limitations? ____No ____Yes, explain _____

Are there any behavioral issues that need to be brought to the attention of your camper's coordinator? ____No ____Yes, explain _____

Does your camper require any special accommodations to participate in this program? ____No ____Yes, explain _____

Name of camper's dentist/phone _____

Name of camper's primary physician/phone _____

Hospital Preference _____

CAMPER PICK-UP

If you are unable to pick up your camper, please give the name(s) of person(s) to whom your camper can be released. Anyone who picks up your camper must have a valid I.D and sign the check-out sheet provided.

☐ I understand that in an emergency situation, 911 or the local emergency phone number will be called and the parent, guardian, or emergency contact person will be contacted. In the event no one can be reached, transportation will be provided to an appropriate medical facility. Staff will not administer any type of medication without specific instructions from the camper's parent/guardian. Signing this consent form gives your authorization for emergency health services.

Signature

Date



Caution: FUN AHEAD...

It is our dream for your camper to leave this camp with life long memories that are full of excitement and adventure. In order for this dream to become reality we need help from you!

CIRCLE SESSIONS REGISTERING FOR:

Bern Bear Bunch Day Camp

Camp Hours: Mon. - Thurs. (9am-4pm) & Fri. (9am-2pm) Ages: (6-12)



OFFICE USE ONLY

Amount Paid: (Session 1)	_____	Date	_____
(Session 2)	_____	Date	_____
(Session 3)	_____	Date	_____
(Session 4)	_____	Date	_____

Session 1
(6/19-6/30)

Session 2
(7/5-7/14)

Session 3
(7/17-7/28)

Session 4
(7/31-8/11)

Taste the Adventure Summer Camp

Camp Hours: Mon.-Fri. (9am-4pm) Ages: (CURRENT Middle School Students)

OFFICE USE ONLY

Amount Paid: (Session 1)	_____	Date	_____
(Session 2)	_____	Date	_____



Session 1
6/19-7/14

Session 2
7/17-8/11

ColorSplash Summer Camp

Camp Hours: Mon.-Fri.: (9am-4pm) Ages: (CURRENT Middle School Students)



Session 1
(7/5-8/11)

Here's to safe adventures...

We hope to encourage boldness in expressing one's self in a fun and active way. Remembering always that adventure requires the courage to let go of certainties, we aspire to help your camper remove all doubt and become the "summer camper" we know they can be.

Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this center will follow proper discipline and behavior management policies.

RULES OF DISCIPLINE

In order to provide a safe environment for all children, we have to follow rules.

1. No unruly behavior
2. No abusive or foul language
3. Respect property, equipment and grounds
4. Respect camp leaders and each other

If these rules are ignored:

1st offense - Behavior will be discussed with the camper

2nd offense - Parents will be notified by a note or phone call

3rd offense - The child will have to stay home the next day

If unacceptable behavior persists, the child will not be allowed to return to camp.

Any severe offense is automatically grounds for immediate removal from camp. NO REFUNDS!

I, the undersigned parent or guardian of _____
Child's full name

do hereby state that I have read the center's Discipline and Behavior Management Policy and I understand the policy and I agree to abide by the set policy.

Signature

Date



Photo Release

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the New Bern Parks and Recreation Department, its contractors, and the media, either individually or as part of a group, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any recordings featuring my image, likeness, and/or voice.
2. I understand that the NEW BERN PARKS AND RECREATION DEPARTMENT will own all rights in the recordings of me that the NEW BERN PARKS AND RECREATION DEPARTMENT or a NEW BERN PARKS AND RECREATION DEPARTMENT contractor takes or records ("NEW BERN PARKS AND RECREATION DEPARTMENT Recordings"), and that the NEW BERN PARKS AND RECREATION DEPARTMENT will have the exclusive right to use, or allow others to use recordings in any medium for any purpose consistent with the New Bern Parks and Recreation and City of New Bern's mission statement.
3. I understand that the media will own all rights in the recordings of me that the media takes or records ("Media Recordings"), and that the media will have the exclusive right to use, or allow others to use, such media recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the New Bern Parks and Recreation and City of New Bern or the media's use of the recordings as described above.
5. I acknowledge that neither the NEW BERN PARKS AND RECREATION DEPARTMENT nor the media has any obligation to use any recordings of me or to use such recordings for any particular purpose.

Agreed on this ____ day of _____, 20____.

Signature

Print Name

Address

☐ I, being the parent or legal guardian of a minor under the age of 18 years signing above, having also read the above agreement and fully understanding its contents, approve of said minor's participation.

Signature

Print Name



NORTH CAROLINA

**RELEASE FROM LIABILITY AND
HOLD HARMLESS**

CRAVEN COUNTY

AGREEMENT

In consideration of the opportunity to participate in Bern Bear Bunch Day Camp or Color Splash Summer Camp or Taste the Adventure Summer Camp (referred to hereafter as the "Activity") to be conducted at West New Bern Recreation Center, on June 19th –August 11th, 2017 (dates and times) I (the "Participant") hereby agree to release, defend, indemnify, and hold harmless the City of New Bern ("City") and its employees, agents, representatives, and public officials, from and against any and all claims, damages, losses, costs, responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the City and/or its employees, agents, representatives, and public officials, that I may incur arising out of my participation in the Activity, or arising out of my travel to and from the Activity's destination, or arising in connection with or resulting from any negligent acts or omissions of any third party, including but not limited to other participants, contractors or suppliers who render services on behalf of the City in connection with the Activity. I assume all risks associated with my participation in the Activity including, but not limited to, falls, bodily injury, contact with other participants, effects of the weather (including extreme cold, rain, wind and other weather related conditions), and all conditions of the site of the Activity, all such risks to be known and appreciated by me.

The City shall not be liable for any loss, damage, or expense resulting from any Activity delay or cancellation. If the City cancels the Activity, any payment made by or on behalf of the Participant will be fully refunded. If I cancel, my cancellation shall be subject to the City's existing refund policy. The City shall not be responsible for any other expenses incurred by the Participant including, without limitation, all expenses assessed by a third party.

The terms of this agreement shall also be binding as to any other persons, including all family members, heirs, executors, or administrators. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

I have carefully read and understand this agreement, and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue.

I sign this agreement of my own free will.

I, the undersigned, am legally competent to sign this release. I have read the release and understand its contents. (If participant is under age 18, parent or legal guardian must sign.)

Agreed on this ____ day of _____, 20____.

Signature

Print Name

Address

☐ I, being the parent or legal guardian of a minor under the age of 18 years signing above, having also read the above agreement and fully understanding its contents, approve of said minor's participation.

Signature

Print Name

