

# Teen Camp

## Parks & Recreation



**Session 1 \$20.00**  
June 20- July 1, 2016



**Session 2 \$20.00**  
July 5-15, 2016

**Session 3 \$20.00**  
July 18-29, 2016

**\*\*Deposits must be put on each additional session you wish for your child to attend at the time of registration\*\***  
**\*\*Campers maybe dropped off no earlier than 9:00am for early drop off and picked up no later than 4:30pm 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 Work \_\_\_\_\_ Mother's Work \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_  
Name Number

Emergency Contact 2 \_\_\_\_\_  
Name Number

# TEEN CAMP

TEEN  
2016

**This year Teen Camp will host three-two week sessions. The sessions are as follows with the number of spaces available and time:**

**Session 1: \$20.00 Monday June 20 -Thursday June 30 15 spaces 10:00a-4:00p**

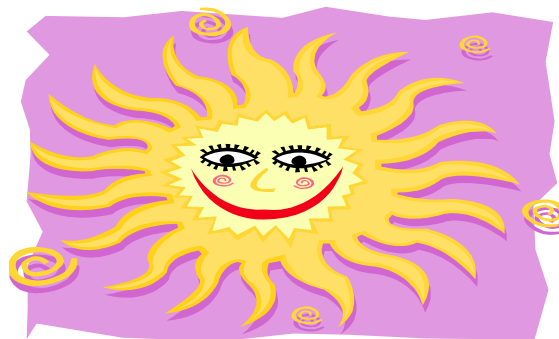
**Session 2: \$20.00 Monday July 5 – Thursday July 14 15 spaces 10:00a-4:00p**

**Session 3: \$20.00 Monday July 18 – Thursday July 28 15 spaces 10:00a-4:00p**

**Every Friday camp is from 10:00a-2:00p**

**Teen Camp activities include bowling, skating, field trips, arts and crafts, games, sports, canoeing, movies, and much more. A detailed list will be provided for each session with activities, prices, and times. Lunch will be provided by Summer Food Program. You may register for all camps; money is due at the time of registration.**

**For more information please contact Ashley Parham at 252-639-2913**



# HEALTH INFORMATION

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 checkout 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

# DISCIPLINE & BEHAVIOR POLICY

## RULES OF DISCIPLINE

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

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

If these rules are not followed:

1<sup>st</sup> time – Behavior will be discussed with the child

2<sup>nd</sup> time – Behavior discussed with child and parents are notified

3<sup>rd</sup> time – Participants receives (1) one day suspension

Any severe offense is automatically grounds for immediate removal from camp with **NO REFUND.**

I, the undersigned parent/guardian of \_\_\_\_\_,  
do hereby state that I have read and received a copy of the  
Discipline and Behavior Policy and understand the policy and I  
agree to abide by the set policy.

Date of Child's Enrollment: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**NORTH CAROLINA**

**RELEASE FROM LIABILITY AND  
HOLD HARMLESS**

**CRAVEN COUNTY**

**AGREEMENT**

In consideration of the opportunity to participate in Teen Camp (referred to hereafter as the "Activity") to be conducted at Stanley White Recreation Center, on June 20 – July 29, 2016 (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