

RETURN CAMP ENTRY FORM WITH PAYMENT TO:  
M.C. PARKS  
100 E. MICHIGAN BLVD. SUITE 2  
MICHIGAN CITY, IN 46360  
(219) 873-1506  
www.michiancityparks.com



# CITY KIDS DAY CAMP REGISTRATION FORM

**1. HOUSEHOLD INFORMATION** THE FOLLOWING PERSON WILL NORMALLY DROP OFF AND PICK UP MY CHILD:

FIRST/LAST NAME OF ADULT GUARDIAN: \_\_\_\_\_

ADDRESS CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

IF YOU ARE REGISTERING CHILDREN PLEASE LIST: MOTHER'S FULL NAME WORK # \_\_\_\_\_

FATHER'S FULL NAME WORK # \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS (If different from above): \_\_\_\_\_

ADDRESS CITY STATE ZIP

HOME PHONE: (If different from above) \_\_\_\_\_ BIRTHDATE / AGE: \_\_\_\_\_ / \_\_\_\_\_

*IN THE EVENT WE ARE UNABLE TO REACH EITHER PARENT OR GUARDIAN REPRESENTATIVE ON FORM, PLEASE PROVIDE THE ADDRESS AND PHONE NUMBER OF A RELATIVE OR FRIEND WE MAY CONTACT IN CASE OF EMERGENCY.*

1. NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_

ADDRESS CITY STATE ZIP

2. NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_

ADDRESS CITY STATE ZIP

3. NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_

ADDRESS CITY STATE ZIP

# **CITY KIDS DAY CAMP**

Children ages 6 through 11, who have completed kindergarten, can celebrate summer in beautiful Michigan City at the **CITY KIDS DAY CAMP**. CKDC offers an exciting schedule that promises unique summertime adventures for your child. A vision to help the youth in Michigan City grow is the goal! Values, friendships, learning, and teamwork will guarantee tons of great summertime memories.

The program is limited to 75 participants on a first-come first-serve basis. Pre-registration is required, which will take place at the Park Office starting March 2<sup>nd</sup>, Monday through Friday, 8 am – 4:30 p.m.

**\$35 / WEEK FEE for City Kids Day Camp**  
**\$20 / WEEK FEE for MCAS Summer School Students (Half-Day)**  
**CAMP TIMES: 8 am – 3 pm**  
**PAYABLE by proceeding Wednesday of each camp week**  
**Can enroll per week(s), or for the whole summer schedule**

**PRE-REGISTRATION IS CONFIRMED BY THE FEE PAYMENT, WHICH MUST BE PAID BY PROCEEDING WEDNESDAY OF EACH CAMP WEEK, AND SUBMITTING COMPLETED FORMS. BECAUSE THERE ARE LIMITED OPENINGS IN EACH AGE DIVISION, NO REFUND IS AVAILABLE FOR NO SHOWS OR ANY OTHER REASON.**

For more information, call the Park Office at 873-1506.

Week (Dates) Paid For	Amount Paid	Receipt #
#1 June 8-12 (\$35 / \$20)		
#2 June 15-June 19 (\$35 / \$20)		
#3 June 22-June 26 (\$35 / \$20)		
#4 June 29-July 2 (\$35 / \$20) (No camp on July 3 <sup>rd</sup> )		
#5 July 6-10 (\$35 / \$20)		
#6 July 13-17 (\$35 / \$20)		
#7 July 20-24 (\$35 / \$20)		
#8 July 27-31 (\$35 / \$20)		

# PARTICIPATION WAIVER AND MEDICAL AUTHORIZATION FORM

## WAIVER MUST BE READ and SIGNED BY PARENT/GUARDIAN FOR ANY PARTICIPANT UNDER AGE 18

**Purpose:** FOR PARTICIPATES OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION). To give permission for participation in the City Kids Day Camp program. To enable parents to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of CKDC and/or Michigan City Parks & Recreation staff or volunteers in the event the parents or guardians cannot be reached.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the City Kids Day Camp Organization, the City of Michigan City, its Park Board and Department of Parks & Recreation, Michigan City Area Schools and its Board of Trustees, any and all governing bodies and organizations and all personnel connected therewith, from any and all liability from any claim that arises out of participation in the City Kids Day Camp program as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

In consideration of \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in any way in the CKDC program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
- 3) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of the nearest official or staff immediately; and,
- 4) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5) I, for myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releases from any and all liabilities incident to my and my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- 6) I understand that Michigan City Parks & Recreation (*the "Department"*) may take photographs of me and others while we are participating in the program, league and/or tournament, (*the "Program"*), for which I am registering and I hereby assign to the Department the right to any photographic image of me obtained during my participation in the program to be used by Michigan City Parks & Rec./the Department for any purpose related to its activities.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

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Print Name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

DATE

## PARTICIPANT'S UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

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Print Name of participant

\_\_\_\_\_  
Signature of participant

DATE

# EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH PARTICIPANT)

Athlete's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

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

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
(ONLY IF DIFFERENT FROM ABOVE)

Employer \_\_\_\_\_

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

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
(ONLY IF DIFFERENT FROM ABOVE)

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

## Family Medical Insurance:

Carrier \_\_\_\_\_ Group: \_\_\_\_\_

Policy# \_\_\_\_\_ Group#: \_\_\_\_\_

Family Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Email \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list): \_\_\_\_\_

**I / we hereby grant consent to any and all health care providers designated by CKDC and/or Michigan City Parks & Recreation to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.**

\_\_\_\_\_ Date

\_\_\_\_\_ Father's Signature

\_\_\_\_\_ Mother's Signature

**Emergency Contact Name(s) and Phone Number(s):** Please list **alternate** contacts if we cannot reach parents.

\_\_\_\_\_  
\_\_\_\_\_

# CITY KIDS DAY CAMP RIDER TO REGISTRATION FORM

PARTICIPANT'S NAME: \_\_\_\_\_

FIRST/LAST NAME OF ADULT GUARDIAN: \_\_\_\_\_

I wish to add the following paragraph no. seven (7) to my minor child's Participation Waiver and Medical Authorization Form

7.) I understand that with regard to transportation of my child to and from the City Kids Day Camp Program, my chosen method of transport, i.e. my child riding his/her bicycle, is NOT in compliance with the Programs stated and customary terms and conditions for participation in the program and I acknowledge that I have been advised against this method of transport because of the dangers inherent in said method, but I have chosen to allow this method in spite of said warnings. I now restate and reconfirm all of the commitments and agreements set forth in said Participation Waiver as regards my child's transport to and from the program via bicycle, and I acknowledge that the alternative to giving this additional WAIVER would be my child's termination of participation in the program.

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PRINT NAME OF PARENT OR ADULT GUARDIAN

SIGNATURE

DATE