

COBB COUNTY PARKS, RECREATION & CULTURAL AFFAIRS DEPARTMENT  
CAMP HORIZON 2011

Camper Medical & Information

This information is good for only one year.

Date \_\_\_\_\_

**It is imperative that you notify us of any changes in condition or medications during the year. If registering more than one camper, please complete a form for each.**

**This form must be completely filled out before we will register the participant.**

**Contact Information**

Camper's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Address \_\_\_\_\_ City & Zip \_\_\_\_\_  
Female \_\_\_ Male \_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ grade completed last school year \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_ Mother's Work Phone (\_\_\_\_) \_\_\_\_\_  
Father's Cell or Home Phone (\_\_\_\_) \_\_\_\_\_ Father's Work Phone (\_\_\_\_) \_\_\_\_\_  
Alternate Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAMPER/PARTICIPANT INFORMATION:**

**Please check or circle the correct response, complete each category and list any other information you feel CCPRCAD should be aware of to provide safe and enjoyable activities for the individual being registered.**

School last attended: \_\_\_\_\_ Type of Class: (i.e. Resource, Self-contained, Inclusion, Regular) \_\_\_\_\_

Class Ratio (children: teacher: aide, i.e. 12:1:1, 20:1) \_\_\_\_\_

Does your child have a one-to-one aide? \_\_\_ Yes \_\_\_ No

Type of services & frequency received in school or privately (i.e. OP/PT 2x week, speech 1x week) \_\_\_\_\_

Extra curricular activities (i.e., socialization programs, clubs, religious, sports) \_\_\_\_\_

Is child toilet trained? \_\_\_ Yes \_\_\_ No Toileting assistance required? \_\_\_ Yes \_\_\_ No Type \_\_\_\_\_

Does child have history of physical and/or aggressive behavior? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Please describe child's social interaction with a) peers b) adults c) siblings \_\_\_\_\_

Please describe child's behavior when he/she is having difficulty (not getting his/her way, medication wearing off etc.): \_\_\_\_\_

Please describe method of discipline you use: \_\_\_\_\_

Inappropriate Activities: \_\_\_\_\_

Areas/goals for the instructor to work toward: \_\_\_\_\_

Please indicate under what circumstances, if any, participant may be without leader supervision (i.e. to leave for home on own, etc.) \_\_\_\_\_

IS A BUS AIDE REQUIRED FOR SCHOOL TRANSPORTATION? Yes \_\_\_ No \_\_\_ If yes, explain why: \_\_\_\_\_

SWIM INFORMATION: Beginner \_\_\_\_ Advanced Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_ Diving \_\_\_\_

Release of information permission for CCPRCAD to contact school concerning the camper's needs: Yes \_\_\_\_ No \_\_\_\_.

**Other information we may find helpful to know:**

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

|                               |  |                                  |                                |                   |
|-------------------------------|--|----------------------------------|--------------------------------|-------------------|
| <b>Circle All That Apply:</b> | Mild Intellectual Disability             | Moderate Intellectual Disability | Severe Intellectual Disability |                   |
|                               | Profound Intellectual Disability         | Emotional or Behavioral Disorder | Specific Learning Disability   |                   |
|                               | Orthopedic Impairment                    | Hearing Impairment               | Other Health Impairment        | Visual Impairment |
|                               | Speech-Language Impairment               | Pervasive Developmental Delay    | Traumatic Brain Injury         |                   |
|                               | Attention Deficit/Hyperactivity Disorder | Fragile X Syndrome               | Autism                         | Aspergers         |

**MEDICAL CONDITIONS:** Diabetes Shunts Braces/Canes/Walker Hearing Aid Ear Tubes Glasses Catheter

Needs Interpreter (type) \_\_\_\_\_ Wheelchair (type) \_\_\_\_\_

Allergies (food, medication etc.) \_\_\_\_\_

**SEIZURES:** Yes \_\_\_\_ No \_\_\_\_ Epilepsy Yes \_\_\_\_ No \_\_\_\_ Are seizures controlled by medication? Yes \_\_\_\_ No \_\_\_\_

Date of last seizure: \_\_\_\_\_ Type of seizure and treatment desired: \_\_\_\_\_

**MEDICATION:** Type, Dosage/Time \_\_\_\_\_ Type, Dosage/Time \_\_\_\_\_  
Comments \_\_\_\_\_

A permission form must be obtained, signed and returned to CCPRCAD in order for staff to assist with medication administration. Contact CCPRCAD TRS Unit to obtain a form.

**SAFETY:** CCPRCAD is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. CCPRCAD continually strives to reduce such risks and provides safety rules and instructions to protect participants.

**INSURANCE:** CCPRCAD carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to **provide their own medical insurance**. CCPRCAD must have the following information, however, in case of an emergency.

Name of individual carrying primary insurance \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

**PARTICIPANT INSURANCE:** Participants enrolled in Cobb Parks, Recreation and Cultural Affairs summer camps can purchase insurance at a cost of \$3.65 per person. Effective dates are from first day of camp to the last.

**I wish to purchase insurance.** Yes \_\_\_\_ No \_\_\_\_ **Photo permission for CCPRCAD publicity purposes:** Yes \_\_\_\_ No \_\_\_\_

Parent/Guardian Signature

Date

RELEASE AND HOLD HARMLESS AGREEMENT  
PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program.

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless Cobb County Parks, Recreation and Cultural Affairs Department, Cobb County Recreation Commission, Cobb Arts Commission, Cobb County Board of Commissioners and Cobb County, Georgia, and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ (Signature of **Participant**)

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ ( **Parent or Guardian**)

**NOTE: Signature of participant and parent/guardian are both** required if participant is **under age 19**, or is registered for a program for the mentally or physically disabled, or other special population member.

**In order that the Department assures compliance with ADA (American with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff who work with the program/facilities aware so that we can reasonably accommodate your need.**