



Camp Sunshine 2016

Junction City Community Center

Camper _____ Phone _____
(Last Name) (First Name)

DOB ___/___/___ AGE _____ Male / Female Grade _____ School _____
(Fall 2016)

Address _____

Parent #1 _____ Home # _____ Work/Cell _____

Parent #2 _____ Home # _____ Work/Cell _____

Emergency Contact _____ Phone # _____ Cell # _____

Grades K-5th	\$100/week	8:30 am – 5:30 pm
		Circle Day Camper will NOT be Present
Week #1 (6/27-7/1) “Globetrotters Adventure”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #2 (7/5 - 7/8) “Discover Disney”		TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #3 (7/11-7/15) “Goonies”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #4 (7/18-7/22) “Highlanders”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #5 (7/25-7/29) “Show Biz”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #6 (8/1-8/5) “Game Show Mania”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #7 (8/8-8/12) “Rainforest Adventure”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #8 (8/15-8/19) “Animal Planet”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	
Week #9 (8/22-8/26) “Western”		M TU W TH F
Receipt # _____	Amount Pd \$ _____	

Registration Form
Registration Fees and Agreement

If registration fees are not paid in full by the Wednesday before camp week your child's spot will be forfeited to the next child on the wait list.

Refunds will only be given if cancellation is received by the Wednesday before camp week. Because of staffing requirements, fees will not be prorated for partial attendance.

In the event that a child refuses to follow directions or exhibits aggressive or unsafe behavior, we will notify the parent(s)/guardian(s) and request that the child be picked up immediately. Refunds are not available if the child is picked up early do to such behavior.

I have read the Registration Agreement and I agree to these policies.

Print Name: _____ Signature: _____ Date: _____

**Release, Medical Release/Permission, Photo Release, Site Confidentiality,
Acknowledgment and Acceptance of Risks Indemnification Agreement.**

I, the legal parent and/or guardian of and on behalf of _____ (minor), a minor, ("PARTICIPANT"), for and in consideration of the privilege of participating in the Junction City Community Center 2016 Summer Camp and recognizing that these activities involve certain inherent dangers, do hereby agree to assume all risks attendant to such activity, including, but not limited to, motor vehicle accidents and/or pedestrian accidents on either public or private property, and do for myself, for and with my heirs, hereby agree to waive all claims against and release, indemnify, defend and hold harmless the City of Junction City, all of its officers, employees, agents and representatives, ("CITY") in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or death of any person, or for loss of, damage to, or loss of use of any property arising out of or in connection with participation in the PROGRAM.

Such indemnity shall apply regardless of cause of any fault or negligence of the CITY. It is the express intention of the parties hereto, both participant and the CITY, that the indemnity provided for in this paragraph is indemnity by the participant to indemnify and protect the CITY, from the consequences of the CITY's own negligence or participant's own negligence, whether that negligence is the sole or concurring cause of any injury, death, or damage.

I certify that PARTICIPANT has not been advised by a health care professional that PARTICIPANT should not participate in the PROGRAM or other similar physical activities. In the event PARTICIPANT is injured as a result of his/her participation in the PROGRAM, and it becomes necessary that he/she receive medical treatment, I expressly release the CITY and waive any and all claims against the CITY for any and all liability incurred as a result of the medical treatment received. This release and waiver express includes all costs of emergency care and/or transportation. I grant permission for any emergency medical treatment, operation, or anesthesia that might become necessary.

I authorize the CITY to use PARTICIPANT's photograph for promotional and/or commercial purposes, including, but not limited to, brochures, newsletters, websites, and television media. I release the CITY from any liability for use of PARTICIPANT's picture.

I expressly agree that this waiver of liability, release, indemnification and hold harmless agreement is intended to be broad and as inclusive as is permitted by the laws of the State of Oregon, and that if any portion, word, term, phrase, clause or paragraph of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

It is further agreed that the execution of this waiver of liability, release indemnification and hold harmless agreement will not constitute a waiver by the CITY of the defense of governmental immunity where applicable, or any other defense recognized by federal or state courts.

I have read this waiver of liability, release, indemnification and hold harmless agreement and understand all of its terms. I am aware of the risks associated with participation in the PROGRAM and execute this document voluntarily and with full knowledge of its significance.

Print Name: _____ Signature: _____ Date: _____

MEDICAL INFORMATION (Please print clearly)

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

- Please list any medical conditions (e.g., allergies, illnesses, special dietary needs, etc.)

- Please list any physical or social needs for which consideration and/or accommodations may be given:

Please remind camp staff as you drop off your child of any conditions that are listed above.

- Does your child take any medications? ____No ____Yes
(Note: If your child will need to take any medication during program hours, this may require an additional "Release to Administer Medications Form" to be completed and signed.)

Junction City Community Center (JC3) activities do not provide medical insurance coverage for participants. There are inherent risks associated with all recreational activities. In consideration of the right to participate in a City sponsored activity, each registered participant must agree to release and hold harmless the City of Junction City, its officers, agents and employees from any injury or damage resulting from such participation. A separate Release from Liability Statement may be required under certain circumstances. Payment of any required registration fees shall be deemed an admission of agreement to the terms stated above.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: ____/____/ 2016

Medication Administration Form

The _____ will administer medication to children for whom a plan has been made and approved by the Director. Because medication poses an extra burden on staff and having medication in the facility is a safety hazard, parents/guardians should check with the child's health care provider to see if a dose schedule can be arranged that does not involve the hours the child is in care by this facility/center. Parents/guardians may come to administer medication to their own child during the day.

If a liquid oral medication is to be administered at the facility/center, the parent/guardian must provide the administration device with clearly marked measurements (medicine sip-vial, medicine cup, dropper, or syringe).

Medication in Child Care:

1. Requires parent/guardian to complete and sign this Medication Administration Form; form shall be kept in the child's record with all supportive documentation.
2. Medication must be in original, child-proof container and labeled with child's name.
3. All medication containers and dispensers will be stored out of the reach of children and in a locked cabinet, or refrigerator if necessary, and will be returned to parent/guardian when completed.
4. Requires a written plan to record the administration of all medications and to inform the child's parent/guardian daily when such medications have been given.
5. When no longer needed by the child, or when the child withdraws from the program, all medications should be returned to the child's parent/guardian or disposed of after an attempt to reach parent/guardian.

Prescription Medications:

- Medication is administered in accordance with the pharmacy label directions as prescribed by the child's health care provider.
- The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.

Non-Prescription (Over-the-Counter) Medications:

- May be administered without approval or instructions from the child's health care provider.
- Shall be administered in accordance with the product label directions on the container.
- The instructions from the child's parent/guardian shall not conflict with the product label directions on the container.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

I hereby authorize designated agents _____ to administer the following medication to my child _____. I further agree to indemnify and hold harmless this facility/center, their agents, and servants against all claims as a result of any and all acts performed under this authority.

Parent/Guardian Name _____ Telephone _____

My child's health care provider is _____ Telephone _____

My child's condition is _____

Purpose of medication is _____ Time of Administration _____

Name of medication _____ Duration of Administration _____

Method of administration _____

Possible side effects _____

In case of emergency, contact _____ Telephone _____

Parent/Guardian signature _____ Date _____

2b (To be Turned In with Registration Form & Payment)

Camper Preparation Information



Clothing

1. Wear old comfortable clothing
2. Shoes:
 - If it is a wet day, wear something that will keep your feet warm and dry.
 - If it is a dry day, wear sneakers or shoes that protect your toes.
 - **No slip-on or open toed sandals please.**

What To Leave At Home

1. Money and other valuables
2. Toys, cards and games
3. Music and video game players, other electronic devices
4. Skateboards and roller-blades
5. Glass bottles

Food & Beverage

1. Breakfast, Lunch and an afternoon snack will be provided, or you may choose to bring your own food if you wish.
2. ***We will provide a labeled water container*** for use at camp.

Personal Preparedness

1. Please bring any personal medications that you require.
 - ***Medications must be brought in a pharmacy provided container with name of prescription and directions for use on the bottle. Please only send enough for the week.***
 - ***If you are allergic to insect bites or bee stings, bring your Bee Sting Kit.***
2. We strongly recommend you leave items of value at home.
3. Sun screen is a good idea; send spray on sun screen if camper is going to need help applying sun screen.
4. If cell phones and other electronic devices make it to camp, they will be kept in a box in the Community Center office. Campers will need to ask permission to use them during camp. This will help keep the campers focused on their activities and any possible theft to a minimum.

**If you have any questions about preparing for the day, call the
Junction City Community Center (JC3), 541-998-4767 MWF 11am-5:30pm**

A Complete Registration includes:

-Registration Form

-Pg. 1a/1b

-Pg. 2a/2b

and Payment

This must be turned into the JC3 office before Camp.

Name of Child _____

Monthly Medication Record

Dates to administer	Dosage amount	Time of administration	Staff signature and time given	Staff signature and second time given (if required)	Parent initial to acknowledge administration
Monday Date					
Tuesday Date					
Wednesday Date					
Thursday Date					
Friday Date					
Monday Date					
Tuesday Date					
Wednesday Date					
Thursday Date					
Friday Date					
Monday Date					
Tuesday Date					
Wednesday Date					
Thursday Date					
Friday Date					
Monday Date					
Tuesday Date					
Wednesday Date					
Thursday Date					
Friday Date					

Any additional comments and/or observations with staff initials:

Staff Use Only