



Ferndale Summer Camp 2014 Application

Recreation & Kulick Community Center 1201 Livernois Ferndale, Michigan 48220 248.544.6767 www.ferndalemi.gov

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender  M  F
Height \_\_\_\_\_ Weight \_\_\_\_\_ lb Phone \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ DOB \_\_\_\_\_
Address (if different than above): \_\_\_\_\_
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ DOB \_\_\_\_\_
Address (if different than above): \_\_\_\_\_
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contacts other than parents:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Authorized to pick up  No  Yes

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Authorized to pick up  No  Yes

Additional Persons Authorized to Pick Up:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Permission to Bike/Walk Home:  No  Yes

T-Shirt Size \_\_\_ Youth Small (6-8) \_\_\_ Youth Medium (10-12) \_\_\_ Youth Large (14-16)
\_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large

Please check the camp sessions you would like to enroll in this summer: Fees: \$114/Week (except June 30-July 4 fee \$92/week)

Form with checkboxes for camp sessions: WK1 June 23-27, WK2 June 30-July 4, WK3 July 7-11, WK4 July 14-18, WK5 July 21-25, WK6 July 28-August 1, WK7 August 4-8, WK8 August 11-15.

Please check the aftercare sessions you would like to enroll in this summer: Fees: After Care \$30/week Times: 3:00pm-5:30pm

Form with checkboxes for aftercare sessions: AC1 June 23-27, AC2 June 30-July 4, AC3 July 7-11, AC4 July 14-18, AC5 July 21-25, AC6 July 28-August 1, AC7 August 4-8, AC8 August 11-15.

Register for all sessions and receive \$75 off. (TO BE APPROVED BY JILL)



Recreation &  
Kulick Community Center  
1201 Livernois  
Ferndale, Michigan 48220  
248.544.6767  
www.ferndalemi.gov

**MOTHER/GUARDIAN'S EMPLOYER** \_\_\_\_\_ Hours \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

**FATHER/GUARDIAN'S EMPLOYER** \_\_\_\_\_ Hours \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES:**

FOOD:  No  Yes *If yes, please list* \_\_\_\_\_

DRUGS:  No  Yes *If yes, please list* \_\_\_\_\_

BEE/WASP STINGS:  No  Yes *If yes, can child administer required medication?*  Yes  No

Asthma:  No  Yes

Hay Fever:  No  Yes

Other: \_\_\_\_\_

**IMMUNIZATIONS:**

Please check your child's current immunizations:

- Complete series of DTP/Td with one dose in the last 10 years
- Three doses of polio
- Two doses of MMR
- Three doses of Hepatitis B
- One dose of varicella (chickenpox) if no history of the disease.

*If your child is home-schooled, we need to receive a copy of their immunization record. Please make sure it includes all the immunizations listed above.*

**COMMUNICABLE/INFECTIOUS DISEASES**

Does your child have any known communicable/infectious disease (examples: hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, tuberculosis, giardia, or shigella etc)?  No  Yes

*If yes please list* \_\_\_\_\_

**MEDICATIONS**

Is your child on any type of medication?  No  Yes *If yes, please list current medications:* \_\_\_\_\_

How and when will it be administered? \_\_\_\_\_

**\*\* NOTE: Staff members are not allowed to administer medication. \*\***

Does your child have any behavior, medical problems, or physical limitations that we should be informed of to better understand him/her?  No  Yes *If yes, please list* \_\_\_\_\_

Does your child have any habits, fears, or special needs that we should be aware of?  No  Yes

*If yes, please explain* \_\_\_\_\_



Please attach a copy of the front and back of your child's medical insurance card

MEDICAL CARE: Please check below to indicate wishes for medical care, if needed.

- am willing for my child to receive first aid treatment, but NOT willing for him/her to receive additional medical care, if needed. Please follow these instructions:
I am willing for my child to receive first aid treatment. I understand that, if possible, I will be contacted if additional medical care is needed.

Parent or Legal Guardian Date Parent or Legal Guardian Date

Release, Indemnification & Acknowledgment

The undersigned hereby gives permission for our son/daughter: to participate in the Ferndale Recreation Summer Day Camp Programs, and hereby freely and voluntarily, to the fullest extent permitted by law, release, relieve, discharge and indemnify the City of Ferndale and the Department of Recreation & Senior Services, its officers, agents, employees, and staff from and against any and all claims, judgments, lawsuits, damages, or expenses, of any kind or nature for any and all bodily or mental injury, loss of life, and/or damage to or loss of any and all property, which may be imposed upon or asserted against the City of Ferndale, its officers, agents, employees and/or staff resulting from, arising out of or in any way connected with my child's participation or involvement in the program.

Further, I expressly grant permission and assume full responsibility for my child's participation in any field trip and/or activity connected with the program. Further, I hereby expressly waive any and all claims for any liability whatsoever against the City of Ferndale and the Department of Recreation & Senior Services, including their employees, officers, agents, and staff and release each of them from all liability in connection with any and all field trips and activities incorporated into the program.

I further acknowledge that the City of Ferndale reserves the right, in its sole and exclusive judgment, to remove my child from camp due to disciplinary problems and that, in the event of such dismissal; I forfeit any claim to a refund for fees paid.

I give this release and indemnification in relation to the Ferndale Recreation Camp Program and its field trips:

Parent or Legal Guardian Date Parent or Legal Guardian Date

I give this release and indemnification in relation to the Ferndale Recreation Camp Free Swim Program. Separate permission is required by the State Department of Social Service Regulations or interpretation of those regulations, 1995.

Parent or Legal Guardian Date Parent or Legal Guardian Date