

OAK RIDGE RECREATION & PARKS DEPARTMENT APPLICATION FOR SUMMER 2009 PROGRAMS

A one-time nonresident fee of \$10 per summer per child will be charged for all children's Recreation & Parks Department summer activities. Please check program(s) and sessions desired. Sessions checked are not guaranteed until payment is received.

SUMMER CAMP Fee: \$80 per Week
<input type="checkbox"/> Session 1 June 8-12 <input type="checkbox"/> Session 2 June 15-19 <input type="checkbox"/> Session 3 June 22-26 <input type="checkbox"/> Session 4 June 29-July 2 (No camp July 3 rd - City Holiday) <input type="checkbox"/> Session 5 July 6-9 <input type="checkbox"/> Session 6 July 13-17 <input type="checkbox"/> Session 7 July 20-24 <input type="checkbox"/> Session 8 July 27-July 31

FIELD TRIPS & SPECIAL EVENTS
Campardy, Cedar Hill Park, and Video Game Craziiness sponsored by Game Crazy.
Roller Skating, TN Tuesday and Secret City Festival
Water Fun Day, Silly Hat Day and Events@Sherlake
Bowling, Favorite Shirt Day, Tinseltown and The Lost Sea
Holidays in July, CampTalent Show, Big Turtle Park and AMSE
Field Day, Frozen Head State Park, Video Game Craziiness sponsored by Game Crazy.
Zoomobile, Tinseltown, and Sticky Icky Day
Camp Carnival, Tataru's Gymnastics and Dodge Ball Tournament/Beauty Shop Day

SWIM LESSONS \$55 extra fee applies (8 thirty minute sessions over 2 weeks)
<input type="checkbox"/> Swim Session 1 June 8 - 18 (Week 1 and 2 of camp)
NO SWIMMING LESSONS
<input type="checkbox"/> Swim Session 3 July 6 - 16 (Week 5 and 6 of camp)
<input type="checkbox"/> Swim Session 4 July 20 - 30 (Week 7 and 8 of camp)

Child's Name: _____ Address: _____

State: _____ Zip: _____ Phone No.: _____ Grade Completed: _____ Date of Birth: _____ Age: _____ Sex: _____

(Must have completed Kindergarten)

Parent's Email: _____

CONSENT AND RELEASE FORM

City of Oak Ridge Recreation & Parks Department Summer Programs

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Summer Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I fully understand the risk of injury arising from my child's participation in Recreation and Parks Department Summer Programs and I accept that risk as a part of granting permission for my child's participation. I also grant permission for my child to participate in all field trips planned for the Recreation and Parks Department Summer Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Summer Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Summer Programs.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Summer Programs.

I/We do hereby acknowledge that I/We have received a copy of and have read the Summer Program Policies, and agree to abide by the same policies.

(Signature of parent/guardian)

Date

(Signature of parent/guardian)

Date

Mother's Name:	Phone: (w)	(h)	(c)	FOR STAFF USE ONLY:	
Father's Name:	Phone: (w)	(h)	(c)	Camp Fee:	
Emergency Contact if parents unavailable:	Phone:	Relationship:		Nonresident Fee:	
Family Physician/Phone: _____ Insurance/Policy #: _____				Swim Lesson Fee:	
List any medical concerns, known allergic reactions to bee stings, poison ivy, etc. or other special problems concerning your child:				TOTAL:	
Other important information: (List all people who have permission to pick up your child and any other information that is pertinent to your child's welfare at camp.)				By: _____	