



2020 SUMMER SPECIALTY CAMP REGISTRATION

Personal Information	
Child's Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Age: Grade/Fall 2020:
Address:	
<i>Street Address</i>	
<i>City</i>	<i>State</i>
Parent/ Guardian's Name:	Phone Number: () <i>ZIP Code</i>
Email Address:	
Employer:	Work Number: ()
Parent/Guardian's Name:	Phone Number: ()
Email Address:	
Employer:	Work Number: ()
Emergency Contact:	Phone Number: ()
Emergency Contact:	Phone Number: ()
Health Information	
Health History (Allergies, etc.):	
Medical or Behavioral Issues? Please Describe:	
Use of Medication (Type and Schedule):	
Additional Authorized Pick-Up Persons	
ONLY NAMES ON THIS LIST WILL HAVE AUTHORIZATION TO PICK UP YOUR CHILD	
1.	2.
3.	4.



Payment Procedures

2020 Summer Specialty Camp payments can be made online or on site. Payment is due at the time of registration.

We encourage participants to register before the camp deadline on June 1, 2020 as spots are limited. It is a first come first serve basis and once the limit is registration for each camp will be closed.

NO REFUNDS WILL BE GRANTED AFTER THE FIRST DAY OF EACH CAMP

For online registration:

- Visit our website at www.cityofbluefield.com
- Under the Departments Tab, select "Parks and Recreation"
- Then select "Programs"
- Choose "Summer Specialty Camps" under the Child Care Option

For registration on site:

- Make cash or check payments at 703 College Avenue, Bluefield, WV 24701
- Make checks payable to City of Bluefield
- Office hours are 5am – 8pm Monday – Friday, 9am – 5pm and Sundays 1pm – 5pm.



Waivers/Permissions

1. I permit my child to participate in summer camps and activities that take place outside the City of Bluefield Parks and Recreation building and City Park.
2. Photography: I permit the City of Bluefield Parks and Recreation Department to use images of my child as a City of Bluefield Parks and Recreation Department participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos, and the Department's website, which are published by the City of Bluefield Parks and Recreation. I give consent for my child's photograph and/or name to be placed on the Department's web page or other media.
3. Medication: The City of Bluefield Parks and Recreation Department does not administer any medication. In the event of an emergency, such as illness or injury, in which the parent cannot be contacted, I permit the City of Bluefield Parks and Recreation Department to take appropriate action in the best interest of the child and obtain any medical care from any licensed physician, hospital, or medical clinic, in which treatment shall be at my expense.
4. I understand the City of Bluefield Parks and Recreation Department is not responsible for any personal items that may be lost, damaged, or stolen at our programs.
5. Field Trips: I permit my child to leave the City of Bluefield Parks and Recreation Facility Location on authorized trips under the supervision of the City of Bluefield Parks and Recreation Staff.
6. Bus Transportation: I permit the child to be transported by the City of Bluefield Parks and Recreation bus when necessary for any field trips or camp locations outside of the City of Bluefield Parks and Recreation Facilities.
7. Nature Walks: I permit my child to leave the City of Bluefield Parks and Recreation Building or the Bluefield Fitness Center to go on nature walks within the City Park.
8. Camp and Gym Waiver: In consideration of my child's involvement as a participant for camps and activities organized by the City of Bluefield Parks and Recreation Department, I hereby agree for myself, my child, my heirs, executors, and administrators to assume all risks incidental to such participation including transportation to and from the activities. I further release and agree to hold harmless, the City of Bluefield, and its Parks and Recreation Department, employees and agents, officers, directors, organizers, sponsors, supervisors, EMS, coaches, and participants from any claim arising out of injury which occurs during participation in the activity. I further agree to forever discharge the aforementioned parties from all liabilities, claims, actions, damages, costs, or expenses of any nature arising out of or in any way connected with my, or my child's participation in such activity. I fully understand that this release and indemnification agreement includes any claims based on the negligence, action, or inaction of any of the above released parties and covers bodily injury and property damage suffered by me, or my child, before, during, or after such participation. I declare my child is physically fit and has the skill level required to participate in these activities.
9. Refunds: I understand that I am not entitled to a refund after the after the first day of each camp has started. I understand no refunds are granted for illness, vacation, or cancellation.

I have read, fully understand, and agree to the policies stated above.

Camp Name (s) _____

Parent's /Guardian's Signature

Date

Post Office Box 4100, 200 Rogers Street, Bluefield, WV 24701

Phone: 304.327.2401 FAX: 304.325.6494

www.cityofbluefield.com