

KIDS CAMP RELEASE FORM

**POINT ROBERTS PARK AND RECREATION DISTRICT #1
PO Box 156, Point Roberts, WA 98281-0156**

Participant Information:

Name of Child: _____

Age: _____ **Parent's Name:** _____

Address: _____

Telephone: _____ **Emergency Phone:** _____

Email: _____

Emergency Contact Name: _____

Physician: _____

Please List Any Allergies, Medical or Dietary Concerns:

My child has my permission to participate in the 2022 Summer Kids Camp Program held by the Point Roberts Parks and Recreation District #1 (Park District). I agree to save and hold harmless the Park District, its employees, commissioners, all counselors and volunteers from all claims, loss, liability, or expense resulting from accidents to my child while participating in the Park District's Summer Program. in the event of an emergency, I authorize the coordinators and counselors of the Summer Program to call for emergency response as necessary, and to contact the physician noted above.

Parents are responsible for transportation to and from the Program. The safety of your child is important to us. Please provide information to the Program Coordinators, in writing, if alternate transportation arrangements have been made so we can account for your child at all times. (For example, please let us know if your child will be riding his or her bicycle to Kids Camp, or if another adult will be picking up your child.) It is important that we have a valid phone number and email contact for you if there are changes in the camp program and so we can reach you in any emergency.

Parents are also responsible for providing a water bottle, sunscreen, mask and appropriate clothing for their child on the days they attend kid's camp. Special requirements may be necessary for camp field trips and that information will be provided prior to the date of the trip.

I understand that my child will not be allowed to participate in kids camp if they show any sign of illness including but not limited to fever, cough, runny nose, sore throat, etc. I will check my child for symptoms before sending them to Kids Camp each day and keep them home should they show any. Counselors and coordinators shall have the right, at their sole discretion, to send your child home should they observe any symptoms.

The Park District will implement Camp any additional measures needed to provide a healthy and safe camp experience as recommended by the Whatcom County Health Department and the CDC.

Any questions or comments about this Summer Program should be directed to the Point Roberts Park and Recreation District #1, at rec.prpr@gmail.com.

Signature of Parent/Guardian: _____

Date: _____