

**KIDS CAMP REGISTRATION FORM 2024**

Point Roberts Park and Recreation District #1  
PO Box 156, Point Roberts, WA 98281-0156

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Physician Name and Phone Number:  
\_\_\_\_\_

Please List Any Allergies, Medical or Dietary Concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER:**

My child has my permission to participate in 2024 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 their 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 if desired, and appropriate clothing for their child on the days they attend kid's camp. Special requirements may be necessary for potential camp field trips and activities and that information will be provided prior to the date of the trip or activity. 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 in with my child for symptoms before 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 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](mailto:rec.prpr@gmail.com).

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Code of Behavior:**

- Every participant must listen to the Counselors, must follow the directions of Counselors, and must adhere to all safety policies outlined with each activity. Any child that displays a lack of ability to follow directions may be asked to leave Kids Camp.
- No youth may leave the Camp early without a written and signed note from their parent or guardian for the day they will be leaving early. Parents and guardians may pick up children early at any time but must check in with a Counselor at that time. If any child should leave early without prior arrangements, the parent or guardian will be called, and the family will be notified that the next time will result in expulsion from Kids Camp.
- Every participant of Kids Camp is expected to be a good community citizen and steward of the land, helping others whenever possible, sharing, and waiting patiently for each child to have a turn, and respecting our environment. Kids Camp is not a place for bullying, swearing, insulting, cursing, yelling aggressively, pushing or any other unwanted physical contact. Any dangerous or disrespectful behavior of this nature will result in immediate expulsion from Kids Camp with no recourse to return to camp this year.

Let's have a FUN and SAFE Kids Camp!

Printed name of child: \_\_\_\_\_

Printed name of Parent or Guardian: \_\_\_\_\_

Agreed and signed by Parent or Guardian: \_\_\_\_\_

Telephone number to call in case of notification: \_\_\_\_\_