



Clear Creek Camps Application

717 Burks Branch Road, Shelbyville, KY 40065
(502) 633-5059 - www.shelbycountyparks.com
jware@shelbycountyparks.com



Must be K—5th

Child's Information:

Child's Name: _____ Preferred Name: _____

Address: _____ City _____ St./Zip _____

Birthdate _____ Age _____ Grade _____ Gender _____ School _____

Parent/Guardian Information: *(Please list in order of preferred contact)*

Name: _____ Relation: _____

Phone (H) _____ (W) _____ (C) _____ Email: _____

Name: _____ Relation: _____

Phone (H) _____ (W) _____ (C) _____ Email: _____

Emergency Contact: *(NOT A PARENT - Contacted only if parent/guardian cannot be reached)*

Name: _____ Relation: _____

Phone (H) _____ (W) _____ (C) _____

Name: _____ Relation: _____

Phone (H) _____ (W) _____ (C) _____

Pick-up List: *(Children are **ONLY** permitted to leave camp with individuals listed here, IDs will be checked)*

1. Name: _____ Relation: _____

2. Name: _____ Relation: _____

3. Name: _____ Relation: _____

4. Name: _____ Relation: _____

Medical/Allergy Information:

Does your child have any type of medical condition? YES NO

If yes, please explain: _____

Is your child on any medication we should be aware of? YES NO

If yes, please explain: _____

Does your child have any allergies that we should be aware of (food, medicine, latex, bee stings, etc.) YES NO

If yes, please explain: _____

Authorization for Medical Care:

In the event that emergency medical care is required, I give permission for a representative of the Parks Department and/or ambulance service to transport my child to the nearest medical facility to render treatment.

Parent/Guardian Signature

Date

Aquatic Permission

Swimming: Clear Creek Park has three pools: Outdoor pool, Indoor big pool and Indoor frog / baby pool.

* Swim Test will be given by certified lifeguards every Monday to determine the depth your child can go to.

My child may go swimming: YES NO

My child may jump off the diving board: YES NO (only with passed swim test)

My child must wear a life jacket: YES NO

Off Campus Trips: My child may be transported to other Shelby County Parks YES NO

I give my child _____, permission to participate in the above listed activities that are planned and supervised by Shelbyville/Shelby County Parks & Recreation Department and its camp staff. I also acknowledge that I have read the C3 camps booklet and understand the content provided for the camp.

Parent/Guardian Signature

Date

Fees & schedules:

Camp fees vary depending on FAC memberships and full time or part time status. \$40 per camper per week for full time FAC members, \$50 non member, \$25 part time member and \$35 part time non member. Camp payments are due by 12:00pm the Monday of the current week. Your payment reserves your campers spot in the camp each week. Failure to make payment by the weekly deadline will result in loss of enrollment until fees are paid in full. Weekly bank drafts or credit card drafts are available. We ask that you please stay up to date on your payments per Shelby County Parks Board accounting policies and city/state auditing regulations.

C3 Holiday Camps will be offered during breaks and holidays throughout the year. Drop off starts at 7:30am and pick up is in until 6:00pm. All campers need to bring swim clothes if they choose to swim and a lunch. Snack will be provided by the camp. Electronics are welcomed at the own risk of Campers and guardians. Holiday camp is a PAY BEFORE YOU STAY program. Cost is \$20 per day per camper .

Payments must be made at the FAC front desk.

Homework (C3 School only)

I would like for my child to participate in homework while at C3 after school Camp: YES NO

Waiver of Liability and Terms of Participation:

1. I understand that some camp activities are dangerous and that my child could be killed or seriously injured while participating. Injuries that could occur include, but are not limited to: paralysis, brain injury and broken bones. Recognizing the inherent risks associated with participating in the above noted program and still desiring my child to participate, I hereby agree to indemnify and hold harmless the Shelbyville -Shelby County Parks and Recreation Department, Shelby County Fiscal Court, the City of Shelbyville, and the members, employees and all individuals responsible for the conduct of activities involving my child for claims including, but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks and Recreation Department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program, and that I must inform the Department of any medical condition that may require special attention or treatment.
2. I warrant that my child/children or I are privately insured with a medical insurance policy. I understand the Shelbyville - Shelby County Parks and Recreation Department provides minimal insurance coverage, in certain programs only, that provides coverage once my present insurance is expanded. This coverage is on the participant during sport or activity participation only and does not provide coverage during transportation to and from the event.
3. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to Shelby County Parks. (If you have any questions concerning fees, please contact the department at 633-5059.) I understand that the Department will not issue refunds unless there is a medical reason that my child cannot participate in such case a doctor's statement must be received within 10 business days of seeking treatment stating why the individual cannot participate.
4. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation Department sponsored activities and to utilize them in advertising and/or promotion both in print and on the Department's website.

Parent/Guardian Signature

Date