



Clear Creek Camps
Summer Camp Application
 717 Burks Branch Road, Shelbyville, KY 40065
 (502) 633-5059 - www.shelbycountyparks.com
 sharris@shelbycountyparks.com



Wee Wiggles or School-age?

Child's Information:

Child's Name: _____ Preferred Name: _____

Address: _____ City _____ St./Zip _____

Birthdate _____ Age _____ Grade _____ Gender _____

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 behavioral or emotional needs we should be aware of to better care for them? YES NO

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

If yes, please explain: _____

Would you like to speak with the director about allergies, medication, medical conditions, or needs? YES NO

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

Rescue/Emergency Medication Release

Name of Medication: _____ Does Medication need to be refrigerated? YES NO

Written Instructions from Physician attached? (Optional): YES NO

When to Administer (What days, and times during the day): _____

Please Note: Medication must be stored in the original bottle . Medication will be stored in the Director’s office in a lockbox. Medication will only be administered by Director daily.

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)

Field Trips

Off Campus Trips: My child may be transported to other Shelby County Parks and other locations for off campus field trips. YES NO

Derby Dinner Playhouse Juniper Hills Xscape Theaters
Kingpin Parklands Kentucky Kingdom

*Kentucky Kingdom will cost \$20 per child.

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 Summer packet and are aware of the details inside.

Parent/Guardian Signature

Date

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

Fees & Camp Dates:

All Camp payments (all weeks signed up) are due at the time of registration. \$135 +tax per week per camper, sibling rate of \$110 +tax per camper. No refunds will be given if camper does not attend weeks signed up for. In the event of an emergency refunds will given out. Camper will not officially be on upcoming weeks roster until week is paid for.

Please circle the dates your child will attend camp:

May 30 - June 2

**no camp May 29th*

July 3 - July 7: Juniper Hills

**no camp July 4th*

June 5 - 9: Derby Dinner Playhouse, Xscape

July 10 - 14

June 12 - 16

July 17 - 21: Parklands Park

June 19 - 23: Kingpin Bowling

July 24 - 28: Kentucky Kingdom

June 26 - 30

July 31 - August 4

You must notify in writing at least two weeks in advance if your child will not be attending a week you selected.

Amount Paid \$ _____ Cash/Check/Credit Card Reference _____ Date _____