



## DCR Summer Days and Nights Teen Summer Program

### Enrollment Form-Summer 2019

#### ***Camper Information***

Date of application: \_\_\_\_\_  
Camper's Name: \_\_\_\_\_ Age at Admission: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
School (Upcoming School Year): \_\_\_\_\_ Grade (Upcoming School Year): \_\_\_\_\_

#### ***Parent/Guardian Information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
Email: \_\_\_\_\_

This adult is:  Emergency Contact  Authorized to Pick Up/Receive my Child from  Both Emergency  
(Check One) Only MLK Staff Only Contact and  
Authorized Pick  
Up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
Email: \_\_\_\_\_

This adult is:  Emergency Contact  Authorized to Pick Up/Receive my Child from  Both Emergency  
(Check One) Only MLK Staff Only Contact and  
Authorized Pick  
Up

## Emergency Contacts and Authorized Adults

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
This adult is an:  Emergency Contact Only  Authorized to Pick Up/Receive my Child from MLK Staff Only  Both Emergency Contact and Authorized Pick Up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
This adult is an:  Emergency Contact Only  Authorized to Pick Up/Receive my Child from MLK Staff Only  Both Emergency Contact and Authorized Pick Up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
This adult is an:  Emergency Contact Only  Authorized to Pick Up/Receive my Child from MLK Staff Only  Both Emergency Contact and Authorized Pick Up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
This adult is an:  Emergency Contact Only  Authorized to Pick Up/Receive my Child from MLK Staff Only  Both Emergency Contact and Authorized Pick Up

## Medication Consent Form

### ***Authorization for Medical Care (Emergency and Non-Emergency Care)***

*Please check all boxes and sign below.*

- I authorize MLKFS staff who are CPR/First Aid Certified to administer care to my child when appropriate and necessary.
- I authorize MLK staff to apply Sunscreen to my child, as needed, during outdoor activities.
- I authorize trained MLK Staff to administer my child's medication during Summer Program Hours as prescribed by my child's Physician. (If applicable)
- I authorize MLK Staff to contact my child's Physician, for care instructions in the event of a medical non-emergency.
- I authorize MLKFS staff to transport my child to \_\_\_\_\_  
in the event of a medical emergency. (Hospital/Emergency Care Facility)

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### ***Please check which applies***

- My child does not require any medication to be administered during Summer Camp hours
- My child requires the following medication to be administered during Summer Camp hours. I understand that all prescribed medication must be in its original container with original pharmacy label. All over the counter medication must be in its original container as well.

### ***Please complete the section below if your child will receive medication during program hours***

Medication Name: \_\_\_\_\_  Prescription  Over the Counter  
Reason for  
Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Possible Side  
Effects: \_\_\_\_\_

***Additional Forms are available if Child takes additional medications***

## **Parent Service Agreement and Notification**

I understand that the Martin Luther King Jr. Family Services, Inc. is a multifaceted non-profit organization that partners with numerous organizations for various reasons. I understand that I and/or my child may be exposed to services and programs that are in alignment with the agency's mission and vision statements. Some of our Summer Partnerships are explained below.

I understand that the King's Kids Summer Day Camp is in partnership with CLASP (Connected Learning in Afterschool and Summer Partnership). CLASP is a region-wide effort to expand quality summer-learning opportunities for children throughout western Massachusetts. I understand that my child's reading level will be assessed at enrollment and again at the end of their session. I understand that MLK staff will work with my child to retain and improve reading level throughout the summer. I also understand that through CLASP, my child will participate in Summer Fitness and Nature Curriculum.

I understand that the King's Kids Summer Day Camp is in partnership UMass Extension for Summer Nutrition. I am aware that my child will participate in exploring healthy snack options through presentations and meal prepping.

I understand that the King's Kids Summer Day Camp Program partners with local colleges and universities for student interns in the field of Social Work and Psychology. I understand that my child may be a part of confidential assessments. I understand that student interns my engage with my child to assess and deescalate behavioral challenges.

I understand more information on partnerships is in the Summer Parent Handbook. I also understand that I will be notified of any additional partnerships and what their role will be with my child during the Summer Day Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Release

*Please Check which applies*

- My child has permission to appear in media coverage, fundraising, and event photo sessions while participating in the MLKFS King's Kids Summer Day Camp.
- My child does not have permission to appear in media coverage, fundraising, and event photo sessions while participating in the MLKFS King's Kids Summer Day Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trips and Off-Site Activities

I give permission for my child to participate in all the regularly scheduled activities, off site, local, and out of town field trips. I understand that I will receive a specific field trip permission form which must be signed and returned for any field trip which requires prior parental authorization and or fees. The program will provide in writing a list of scheduled activities and field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT T-Shirt Size

### REQUIRED

Size:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

1X

Other \_\_\_\_\_

**Release of Liability**  
**Please read before signing**

In consideration of being allowed to participate in any way in the Martin Luther King Jr. King's Family Services, Inc. or Summer Camp program, its related events and activities,

I, \_\_\_\_\_, the undersigned, acknowledge, appreciate and agree that:  
The risk of injury from the activities involved in this program does exist, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and,

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Agency immediately, and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin. HEREBY RELEASE INDEMNITY, AND HOLD HARMLESS THE MARTIN LUTHER KING JR. FAMILY SERVICES, INC. their officers, officials, agents, and / or employees, other participants, sponsoring agencies, sponsors, advertisers, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

This is to certify that I as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnity and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_