



# Recreation Department Summer Day Camp Enrollment Form

## Child Information

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Grade entering into \_\_\_\_\_ School attending \_\_\_\_\_

Address- Home (Street, City, State, Zip Code) \_\_\_\_\_

T Shirt Size

- Youth XS       Youth S       Youth M       Youth L
- Adult S       Adult M       Adult L       Adult XL

Approximate AM Drop off Time \_\_\_\_\_ Approximate PM Pick Up Time \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian #1 Name \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Home/Cell# \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Child Resides with:

- Parent/Guardian #1       Parent/Guardian #2       Both       Other \_\_\_\_\_

## Emergency Contact

List at least 1 and up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## Medical Information

**Please fill out as detailed as possible as this information will be used to best serve your child.** Please note that the New Berlin Recreation Summer Day Camp wants your child to have the best experience possible but may not be able to accommodate all special needs. Please contact the Camp Director to make sure this camp will be a good fit for your child. Please use additional paper if needed to explain in greater detail.

### 1. Check any special medical conditions that your child has that we should be aware of.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <u>No specific medical condition</u> (skip questions 2-5) | <input type="checkbox"/> ADD/ADHD                            | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Autism  | <input type="checkbox"/> Behavior Concerns specify-<br>_____ | <input type="checkbox"/> Cerebral palsy/motor disorder                  |
| <input type="checkbox"/> Cognitively Disabled                                      | <input type="checkbox"/> Diabetes                            | <input type="checkbox"/> Dietary Restrictions specify-<br>_____         |
| <input type="checkbox"/> Epilepsy/Seizures   | <input type="checkbox"/> Food/Milk Allergy specify-<br>_____ | <input type="checkbox"/> Non-food Allergy specify-<br>_____             |
| <input type="checkbox"/> Special Accommodations at school (I.E.P)                  | <input type="checkbox"/> Sensory Concerns specify-<br>_____  | <input type="checkbox"/> Other condition(s) requiring -specify<br>_____ |

## Medical Information Continued -

### 2. Triggers that may cause problems:

\_\_\_\_\_

### 3. Signs or symptoms to watch out for:

\_\_\_\_\_

### 4. Steps the camp should follow:

\_\_\_\_\_

### 5. Additional Notes:

\_\_\_\_\_



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## Swimming Release Form

The New Berlin Recreation Summer Day Camp attends swimming field trips at Wiberg Aquatic Center in Brookfield, Wisconsin. <https://www.ci.brookfield.wi.us/109/Wiberg-Aquatic-Center> . Per the group "Wiberg Aquatic Center-Group Reservation and Use" agreement Wiberg Aquatic Center states, "Due to the number of daily visitors, staff is not able to conduct swim tests for groups." As such, we require a release form indicating the swim ability of the New Berlin Recreation participant.

Children must be categorized as a "will not participate in swimming", non-swimmer, or swimmer. Below are the requirements of each. Please check the box that describes your child's swim ability. Children may not fit into two categories. **Children without signed forms will not participate in swimming.**

<p><b><u>My child will not participate in swimming</u></b></p> <p><input type="checkbox"/> I do NOT want my child to go on the swimming field trip. They are to stay at Hickory Grove.</p>	<p><b><u>Non-Swimmer</u></b></p> <p><input type="checkbox"/> Under 42 inches</p> <p><input type="checkbox"/> Age 5</p> <p><input type="checkbox"/> Does not meet the qualifications of a swimmer (see swimmer qualifications)</p>	<p><b><u>Swimmer</u></b></p> <p><u>Must be able to complete the following:</u></p> <p><input type="checkbox"/> Jump into the pool, submerge fully, return to the surface and immediately begin swimming without pushing off the wall. Swim in a horizontal position on top of the water using a forward crawl or breaststroke. The swimmers arms must achieve full extension on every stroke, and they must maintain one or both of the strokes for a full 25-yard swim. Pausing is only allowed when the swimmer is rotating or turning to breathe. Exit the pool without assistance using either the wall or pool ladder.</p>
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**Swimmer Categorization**

**No Participation:** Children will stay at Hickory Grove and enjoy a movie and popcorn or an alternative activity.

**Non-Swimmers:** Children are limited to the zero-depth area of the pool and will be met by lower ratios depending on the ages and abilities of the children participating.

**Swimmers:** Have full access to Wiberg Pool (ex. main pool, flume slide, diving board, drop slide)

In consideration of my [and/or my child(s)] participation in this activity, I hereby release and discharge the City of New Berlin, and its representatives, successors, insurers, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by the Organization and above named parties. Parent or guardian must sign for anyone age 18 and under.

**Recreation Programs Waiver**

I, on behalf of myself as an adult participant, or guardian of the above named minor child or ward, acknowledge that I fully understand that participating in the City of New Berlin Recreation Program may result in a serious injury or illness. Risks involved may include, twisting an ankle, pulled muscles, jammed fingers, broken bones, lacerations and more serious injuries or death which may result from participating in any of the above mentioned programs. Although I fully appreciate those risks, I desire to participate myself or have my child or legal ward participate. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of New Berlin, any and all sponsors, or other individuals, firm or organization from any claims, demands, actions, causes of action, fees, expenses including actually attorney fees incurred by the parties released arising from or resulting in whole, or part, from my participation or the participation of my minor child or ward in the City of New Berlin Recreation Program, or the acts or omissions by any organization, firm, or individuals that may take place in connection with the City of New Berlin Recreation Program. This waiver shall be binding on my heirs, personal representatives, agents, administrators and assigns.

I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other moment when a parent or legal guardian is unavailable to grant authorization for emergency treatment.

Furthermore, I hereby grant full permission to any and all of the forgoing to use any photographs, video tapes, motion pictures, recordings, or any other records of this event for any legitimate purpose including but not limited to the promotion of City of New Berlin Recreation Department events.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Recreation Department Summer Day Camp Enrollment Form

### Character Contact

The goal of our program is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying healthy activities. Throughout the summer we continue with our character development mission to develop respect, responsibility, caring and honesty among our participants. As a family, please read and discuss the Character Contract together and sign below.

- 1. Appropriate Conversation:** Campers will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children and/or staff.
- 2. Appropriate Language:** Campers will refrain from using obscene language or gestures for any reason.
- 3. Respect:** Campers will follow instructions the first time they are given. Campers will also speak to staff and other campers with respect.
- 4. Play:** Campers will not engage in horseplay with each other or staff. Hitting, pushing or any other type of aggressive behavior will not be allowed. Campers will keep their hands and feet to themselves at all times.
- 5. Responsibility:** Campers will remain with their assigned group and within eye-contact of the staff.
- 6. Caring:** Campers will use equipment, toys and games properly. Campers will also help to care for the facility, grounds, other campers and camp staff.

### What will happen if this contract is violated?

If an incident occurs where a child conducts him-/herself in such a manner which jeopardizes their safety, the safety of others or is not in accordance with the mission of the City of New Berlin, the following steps will be taken:

- 1. First Violation:** A staff member will address and document the issue directly with the camper. The camper will sit out of an activity for the day, such as swimming, free time, etc. Parents will be contacted during the day or at the end of the program, depending on the time of the incident.
- 2. Second Violation:** A staff member will address and document the issue directly with the camper. The parent or guardian will receive a phone call and will be asked to pick up their child within the hour. The camper will NOT be allowed to attend the program the next day that he/she is registered for.
- 3. Third Violation:** A staff member will address and document the issue directly with the camper. A parent or guardian will be contacted and asked to pick up their child immediately. The child will be suspended one (1) week from the program they are participating in.
- 4. Fourth Violation:** The child will be dismissed from the program. We reserve the right, at any time, to dismiss any child from the program immediately if we deem unsafe their placement due to environmental, physical, emotional or other harm to themselves, other children, staff and/or City of New Berlin Citizens.

We have reviewed the above with our child and we agree to follow the Character Contract.

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Parent/Guardian's Signature

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Date

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Child's Name



# Recreation Department Summer Day Camp Enrollment Form

## Camper Information Form

This is an optional form. Please take a few moments to fill out this confidential form. It will be shared with your child's counselor on the first day of camp. Counselors use it to ensure that your child has a safe, meaningful, and fun camp experience. Please fill out one form for each camper attending New Berlin Recreation Day Camp.

Camper's Name \_\_\_\_\_

Has your child been to New Berlin Recreation Day Camp Before? \_\_\_Yes \_\_\_No

If yes, how was his/her experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your child's camp experience is very important to us. Please use this space to describe any important details about your child that will help his/her counselors provide the best support possible.

\_\_\_\_\_  
\_\_\_\_\_

What are your child's interests, talents, and hobbies?

\_\_\_\_\_  
\_\_\_\_\_

What do you expect your child to gain from his/her experience at camp?

\_\_\_\_\_  
\_\_\_\_\_

What activities does your child expect to do at camp?

\_\_\_\_\_  
\_\_\_\_\_

What words would you use to describe your child's personality?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to share about your child?

\_\_\_\_\_  
\_\_\_\_\_