



# 2017 Ramsey Kids Safety Camp

For kids entering 3<sup>rd</sup> & 4<sup>th</sup> grade in Fall 2017

June 20 – 21, 2017

## Registration & Release Form

Complete both sides of this form, enclose a check for \$30 payable to the City of Ramsey.

**Mail to:** Ramsey Police Department, Attn: Safety Camp, 7550 Sunwood Dr NW, Ramsey, MN 55303

Please PRINT legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ Current Grade (2015-16): \_\_\_\_\_

School: \_\_\_\_\_ Name of ONE Friend\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

**(All communication will be via email)**

*\* Campers are allowed to register on the same team with ONE of their friends.*

**IN AN EMERGENCY, IF NO PARENT OR GUARDIAN IS AVAILABLE, PLEASE CONTACT:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_

**SCHOLARSHIPS.** Limited scholarships are available for those experiencing a financial hardship. It is our belief that ALL children should have the opportunity to experience camp. If you would like to be considered for a scholarship, please check this box.

**Scholarship Request**

**DATA PRIVACY ACT WARNING.** In accordance with the MN Government Data Privacy Act, the staff of the Safety Camp informs you that the personal information we are requesting of you and /or your child or guardian on this registration form is now considered private. Private data is available to you and to staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the staff may not be able to complete your registration, hence you would not be able to participate in the program, and/or you may not receive updated program information, such as schedule changes.

**VIDEO/PHOTOGRAPHY FOR PUBLIC INFORMATION PURPOSES.** This safety camp will be videotaped and photographed for local access television and printed media and materials. Images of the video and/or photographs may also be used for promotional purposes and for showing at the awards ceremony. By enrolling your child in this camp, you authorize the Safety Camp to use these images for promotion of the camp, at its functions and activities. You will not be paid for the use of images.

**OFFICE USE ONLY:**  Scholarship  Check # \_\_\_\_\_

# Health History & Release Form

The intent of the completed information in this form is to provide camp personnel with appropriate background information to administer appropriate care to the participant named below while he/she is attending camp. The persons listed here will be contacted to assist in medical/behavioral problem solving. All medications must be in original pharmacy containers with labels.

## MEDICAL AUTHORIZATION

I recognize that participation in recreation and instruction activities, even when well supervised and managed, poses a risk to my child and I agree to assume such risk on behalf of my child. I hereby hold the City of Ramsey, its employees and agents harmless from liability for any and all medical and/or accident expenses that my minor child may incur during their involvement in the City of Ramsey Safety Camp. This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

## AUTHORIZATION FOR TREATMENT

I hereby give permission to the medical personnel selected by the City of Ramsey to provide emergency first responder services; to administer over-the-counter and prescription medications as directed by a parent; to release any records necessary for insurance purposes; and to provide or arrange necessary related emergency transportation for my child. In an emergency or in the event I cannot be reached, I hereby give permission to the physician selected by the City of Ramsey to secure and administer treatment, including hospitalization, for the person named above.

## Chronic or Other Concerns (REQUIRED):

- This camper has no chronic or other health concerns and is capable of full participation in this program.
- This camper has the following chronic health concerns:
  - Recent injury, illness, or infectious disease?
  - Seizures or epilepsy
  - Asthma
  - Frequent headaches
  - Diabetes
  - Convulsions
  - Head/brain injury
  - Heart disease, defects or murmur
  - Vision, speech or hearing problems
  - Bleeding/clotting disorders
  - Hypertension
  - Kidney trouble

Please explain any checked boxes: \_\_\_\_\_  
\_\_\_\_\_

## Mental/Emotional Health (REQUIRED):

- This camper has no remarkable mental, social or emotional health needs.
- This camper has the following concerns\*:
  - Diagnosed with Attention Deficit/Hyperactivity Disorder (ADD or ADHD)
  - Psychiatric diagnosis such as depression, OCD, panic/anxiety disorder
  - Has a learning disability
  - Has seen or is currently seeing a professional for mental/emotional health concerns

\*If any of the boxes are checked, please describe.

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

## Other Medical Concerns/Disabilities/Allergies/Special Needs:

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

I authorize Camp staff to administer sun screen and/or insect repellent to my child if the need arises.  Yes  No

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