

**City of La Porte  
Parks & Recreation  
Camp Voyage and Camp Breeze – 2019**



**Camper Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have received a copy of the City of La Porte’s Camp Voyage and Camp Breeze Summer Camp Handbook. I acknowledge that participation in this program is voluntary and that participants are subject to rules and regulations of the City of La Porte Parks and Recreation Department. I have read the rules and regulations of the City of La Porte Parks and Recreation Department and agree to abide by these rules and regulations. I understand that acceptance into the recreation program provided by the City of La Porte is subject to the participant’s ability to conform to the rules and regulations of the City of La Porte Parks and Recreation Department, and that in the event that the participant cannot perform in accordance with these rules and regulations he or she will be subject to dismissal from the recreation program. In the event of emergency, I hereby grant permission to the City of La Porte to obtain medical treatment.

\_\_\_\_\_  
*Print Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

**TRANSPORTATION RELEASE**

I, the undersigned parent/guardian of \_\_\_\_\_ (**camper name**), hereby give permission to authorize, licensed representatives of the City of La Porte Parks & Recreation Department to provide transportation in an authorized vehicle for my child to participate in field trips, or to transport my child in the event of a weather or medical emergency.

\_\_\_\_\_  
*Print Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

**MEDICATION RELEASE**

I, the undersigned parent/guardian of \_\_\_\_\_ (**camper name**), recognize it is my responsibility as the parent to administer this medication to my child. However, I hereby give permission for a City of La Porte Parks & Recreation staff member to administer the medication listed below. I am also aware that this medication will not be administered by a trained health care professional. I will not hold the City of La Porte or its employees legally responsible for any problems that may arise from the use or administration of this medication.

**Camper Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Allergies or Medical Concerns:** \_\_\_\_\_

**Medication #1:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Medication #2:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Other Information/Comments:** \_\_\_\_\_

\_\_\_\_\_  
*Print Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\*\*Only one form per camper is needed for the entire summer.\*\*

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**Camper Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred hospital name and address (if no preference, write "N/A"): \_\_\_\_\_  
\_\_\_\_\_

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**AUTHORIZED PICK-UP**

In addition to the Emergency Contacts listed above, Parent(s)/Guardian(s) and others, as listed below, have permission to sign out and pick up the camper listed above from City of La Porte's Camp Voyage or Camp Breeze.

Name: _____
Cell/Home No.: _____
Relationship to camper: _____

Name: _____
Cell/Home No.: _____
Relationship to camper: _____

Name: _____
Cell/Home No.: _____
Relationship to camper: _____

Name: _____
Cell/Home No.: _____
Relationship to camper: _____

\_\_\_\_\_  
*Print Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

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**ABOUT MY CAMPER**

*This form will be utilized by the camp counselors to get to know more about your camper. This form will provide information about your camper to the counselors and staff, so they can provide the best opportunity for your camper to be successful, have fun and make lasting memories at camp this summer.*

**Camper Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please circle the correct answer for the following questions and then explain in the provided space below:

- |   |            |           |
|---|------------|-----------|
| Does this camper have allergies (food, seasonal, medications, etc)? | <b>Yes</b> | <b>No</b> |
| Does this camper wear glasses or contacts?                          | <b>Yes</b> | <b>No</b> |
| Can this camper swim independently?                                 | <b>Yes</b> | <b>No</b> |
| Does this camper have any behavioral or emotional problems?         | <b>Yes</b> | <b>No</b> |

If you marked "yes" for any of the previous questions, please explain in detail here: \_\_\_\_\_

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Please check the behavior management methods you find to be most effective for your camper:

- Encourage       Removal from situation       Timeout       Speak with a firm voice
- Count down       Take privileges away       Offer choices       Redirect
- Reason with/Explain the situation       Reward positive behavior

Other: \_\_\_\_\_

Please provide any other information that would be helpful for the staff (i.e. hobbies, interests, etc.) \_\_\_\_\_

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