

# 2018 Kamp-A-Rama Registration and Required Emergency Information Form

Registration Deadline  
The Wednesday before  
each Camp Week

<b>Child's Name (Last)</b>	(First)	Grade in 2017-18	Age	DOB	M or F
Physical Address	PO Box	City	State	Zip	Parent Email

**Medical Information and Consent** Please list any drug allergies, medical conditions or required medications for the child listed above

I give consent to administer (Medication name) \_\_\_\_\_ Directions for Administration \_\_\_\_\_ Initial: \_\_\_\_\_  
 My child does not require any medication including over the counter while at camp, unless noted otherwise Initial: \_\_\_\_\_  
 I give consent for my child to use sunscreen and/or hand sanitizer per product label directions while at camp Initial: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Physician Address:** \_\_\_\_\_ **Physician Phone:** \_\_\_\_\_  
**Health Insurance Company:** \_\_\_\_\_ **ID or Contract Number:** \_\_\_\_\_

**Parent 1/Legal Guardian's Information** (\*Camp Staff will text this parent's mobile phone regarding any reminders, etc.)  
 Circle Relationship: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \*Mobile Carrier: \_\_\_\_\_  
 Mother Step-Mother Guardian  
 Father Step-Father \*Preferred Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Parent 2/Legal Guardian's Information** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Circle Relationship: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Mother Step-Mother Guardian  
 Father Step-Father

**Required Emergency Contacts** (Other than Parents/Guardians)

1. Name:	Phone:	Alternate Phone:
2. Name:	Phone:	Alternate Phone:

**Additional Authorized Release Persons** (18 years or older who may pick up your child from camp)

1. Name:	Relationship:	Phone:
2. Name:	Relationship:	Phone:

PLEASE CHECK THE BOXES BELOW FOR EACH SESSION YOUR CHILD WILL ATTEND (Grades based on the 2017-18 school year)

<b>Kamp-A-Rama for Grades K-5th</b> (Monday – Thursday 1 PM to 5 PM)	<b>Friday Field Trips/Clinics for Grades 5th-8th</b>
Week 1 (June 11-14) \$60 <input type="checkbox"/>	One-time shirt fee \$10 <input type="checkbox"/> Circle: YM(10-12) YL(14-16) Adult S Adult M Adult L Adult XL
Week 2 (June 18-21) \$60 <input type="checkbox"/>	Week 1 (June 15) \$60 <input type="checkbox"/> Archery - Coconino County Parks and Recreation, Flagstaff, AZ
Week 3 (June 25-28) \$60 <input type="checkbox"/>	Week 2 (June 22) \$60 <input type="checkbox"/> Science Fun - Coconino Community College – Page Center
Week 4 (July 9-12) \$60 <input type="checkbox"/>	Week 3 (June 29) \$60 <input type="checkbox"/> Rock Climbing – Flagstaff Climbing, Flagstaff, AZ
Week 5 (July 16-19) \$60 <input type="checkbox"/>	Week 4 (July 13) \$60 <input type="checkbox"/> Tennis Fun and Basics – Coconino Community College – Page Center
Week 6 (July 23-26) \$60 <input type="checkbox"/>	Week 5 (July 20) \$60 <input type="checkbox"/> Bearizona – Wildlife Park, Williams, AZ
<b>Total \$ Grades K-5</b> _____	Week 6 (July 27) \$60 <input type="checkbox"/> Aquatic Center – Washington City, UT
	<b>Total \$ Grades 5-8</b> _____ <b>Grand Total</b> _____

**5% Discount** (\$57/child/week) Must register and pay for 2+ siblings from the same household at the same time **OR** register 1 child for 2+ sessions.  
**10% discount** (\$54/child/week) Must register and pay for 2+ siblings from the same household at the same time **AND** register the 2+ siblings from the same household for 2+ sessions.

Discounts will not be retroactive. If you register for another session after you have already paid full price for one, you will not receive the discount on the first session.

**Please list the siblings registering at the same time as the child listed above:** \_\_\_\_\_

**Registration Deadline: The Wednesday before each Camp Week.** Please note that registration opens April 19, 2018 and late registration is not guaranteed. Only if space remains after each Wednesday, registrations may be accepted with a \$10/child late fee.

**Registration Directions and Information:** (On-line registration is available at <https://cityofpage.reccdesk.com/Community/Program>)

- Submit this form and pay at Page City Hall, 697 Vista Ave, Monday – Thursday 7 AM–5:30 PM, or mail to City of Page, P.O. Box 1180, Page, AZ 86040
- If paying by check, make payable to the City of Page (a \$25 fee will be charged on all returned checks)

## Parents/Guardians Please Complete Side 2

**Please INTIAL First and Last Name**

\_\_\_\_\_ I understand that I am obligated to pay in full for ALL weeks my child is registered for, regardless of attendance.

\_\_\_\_\_ I agree that in the case of accident or injury, 911 will be contacted and emergency medical care may be given in the event I or the emergency contacts I have designated on the front of this page cannot be reached. I understand transportation to the nearest hospital will be determined by the paramedics and a physician's release will be required to return to Kamp-A-Rama.

\_\_\_\_\_ Parent/guardian must sign participant in between the hours of 1-1:15 pm Monday – Thursday and 8-8:15 am on Friday and pick participant up no later than 5:00 pm Monday – Friday.

\_\_\_\_\_ I understand that when my child participates in any field trip/clinic, he/she must wear his/her Kamp-A-Rama T-shirt (1-time \$10 shirt fee) for identification and safety purposes. If my child does not wear the Kamp-A-Rama T-shirt he/she will be unable to participate in the field trip/clinic.

\_\_\_\_\_ I understand for each medication my child needs to receive while at Kamp-A-Rama the parent MUST complete the Written Medical Information and Consent portion of this form and the information is valid only for the camps sessions I register my child for as indicated on this form. All medication must be labeled and in original container/package with the child's name and have the medication inserts. I agree to update this information whenever a change occurs.

\_\_\_\_\_ I will provide special information on my child's special needs (Allergies, Diet, Disabilities, habits and/or Medical Information) to Kamp-A-Rama staff to assist Kamp-A-Rama staff in caring for my child/ren. I understand that if my child requires an Individual Health Care Plan for medical reasons, I will be required to review the plan with Kamp-A-Rama staff as needed.

\_\_\_\_\_ I recognize that participation in the event and the use of recreational facilities, all equipment, and facilities contained therein (collectively, the "Recreational Facilities"), have inherent risk of injury and carries with it the potential for death, serious injury and property loss.

\_\_\_\_\_ I verify that I or my child/children am/is/are physically and mentally able to participate in this recreation program and, have not been advised otherwise by a qualified medical person.

\_\_\_\_\_ In consideration of this application and permitting me or my child/children to participate in this City sponsored recreation program, I hereby take action for myself, my child/children, my spouse, executors, administrators, assignees, heirs, guardians, and legal representatives and do hereby voluntarily waive and release and discharge from any liability and do further indemnify, agree to defend and hold harmless the City of Page, their officers, trustees, employees, agents, representatives, volunteers, and any department, organization or group affiliated therewith (collectively "City"), for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences suffered by me or my child/children arising or resulting directly or indirectly from my, or my child/children's participation in the event or use of the recreation facilities.

\_\_\_\_\_ In the event I or my child/children is/are injured I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that are incurred. By signing this agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to me or my child/children, or my property, or for death however caused, arising out of the use of the Recreation Facilities. I expressly agree that this release is intended to be as broad and inclusive as the State of Arizona will allow. If any portion is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_ I hereby give my consent and agree to be financially responsible for any emergency medical treatment necessary, including but not limited to, emergency treatment at the Recreational Facilities or Hospital Emergency Room. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor.

\_\_\_\_\_ I understand that at this event or related activities, I or my child/children may be photographed. I agree to allow my or my child's/children's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and /or assigns.

\_\_\_\_\_ If participating in a youth program, in compliance with the City of Page Recreation Policy, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy that was provided to me by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events. I understand the content, responsibilities and warnings therein and I agree to abide by the City's Concussion and Traumatic Head Injury Policy. I understand that if my child sustains a concussion, it is my responsibility to return a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play form to the City of Page Recreation Department.

\_\_\_\_\_ I hereby certify that I have read this document; and, I understand its content.

**THE CITY DOES NOT CARRY MEDICAL/ACCIDENT OR LIABILITY INSURANCE FOR INDIVIDIAL PARTICIPANTS**

**Parent/Guardian's Name (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature applies to all emergency and general information listed on this registration form.*

**OFFICIAL USE ONLY:** Fees \$60.00/child/session; 5% discount \$57.00/child/session; 10% discount \$54/child/session; \$10 one-time Friday shirt fee

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt # \_\_\_\_\_



## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

#### 1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

#### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

#### 3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It’s better to miss one game than the whole season.***

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

# City of Page Recreation Department

## Concussion Policy

The City of Page Parks and Recreation has created the following policy that will be in effect as of January 2015 and beyond for all youth sports leagues.

### Objective:

To establish a policy that will provide ALL youth sport coaches and parents associated with the City of Page Parks and Recreation department with guidelines relating to how to recognize signs of a concussion, procedures for dealing with athletes and parents when a concussion is suspected, as well as mandatory rules concerning the return to action for the participant.

### Concussion:

A concussion can be caused by a blow to the head, jolt to the body, or any sudden force that results in a rapid acceleration /deceleration of the brain inside the skull. This impact of the brain against the rigid inside walls of the skull can cause a change in neurological function and a host of other symptoms depending on which part of the brain was injured.

Youth athletes are particularly vulnerable to the effects of a concussion. Even what appears to be a “minor ding or bell ringer” has the real risk of catastrophic results when an athlete is returned to action too soon. Second impact syndrome, which in some cases can be fatal, is a direct result of returning to game action before all symptoms have cleared. While most players heal within a few weeks, an athlete who returns to play before a concussion has completely resolved risks re-injuring an already injured brain which can have life threatening consequences. Therefore, continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

The well-being of the athlete/participant is our greatest concern during any practice or game. Officials, coaches and parents are being asked to make all efforts to ensure that concussed athletes do not continue to participate. Thus, coaches, parents, and officials should also be looking for signs of concussion in all athletes and should immediately remove any suspected concussed participant from play.

### When in doubt, sit them out!

It's far better to miss one or two games as a precautionary matter than to risk possible brain injury. No game is worth that.

### What to look for:

Concussions can appear in many different ways. We know that a person does not have to lose consciousness to suffer a concussion. Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion as the one's mentioned below shall be immediately removed from the game or practice and shall not return to play until cleared by an appropriate health-care professional.

- a. Confused state, dazed look, vacant stare or confusion about what happened or is happening.
- b. Memory Problems; can't remember assignment on play, opponent, score of game, or period of game; can't remember how or with whom he or she traveled to the game, what he or she is wearing, what was eaten for breakfast, etc.
- c. Symptoms reported by participant – headache, nausea or vomiting; blurred or double vision; oversensitivity to sound, light or touch; ringing in ears; feeling foggy or groggy; dizziness.
- d. Lack of sustained attention – difficulty sustaining focus adequately to complete a task, a coherent thought or a conversation.

All Coaches/officials will be familiar with and will receive a copy of this Policy. Parents/guardians will be provided a copy of this Policy as well as the Information Sheet and Parent Acknowledgment Form. These documents must be reviewed and the acknowledgment signed by the parent/guardian before the player will be allowed to participate in a sporting event.

### Role of City employees, representatives, or volunteers (coaches):

City employees, representatives, or volunteers (coaches) will NOT be expected nor will they be trained to “diagnose” a concussion. Diagnosis is the job of a qualified health care provider. Staff/volunteers are being asked

# City of Page Recreation Department

## Concussion Policy

to use their best judgment in observing the signs, symptoms and behaviors associated with concussions. If a Staff/volunteer observes questionable signs, symptoms, or behavior, he/she must remove the player from the sporting event for further evaluation and notify the player's parent/guardian. If parent/guardian is not present EMT's will be called. Staff/volunteer are not permitted to allow a player to resume activity until the Staff/volunteer receives a written statement from a qualified health care provider indicating that the player is cleared to resume participation in the sporting event . The written statement must be provided to the City of Page Recreation Department before the player may resume participation in the sporting event. In addition to reviewing the Concussion and Head Injury Information Sheet and this Policy, it is strongly recommended that Staff/volunteer participate in a free online course on concussion management prepared by the Center for Disease Control accessed at [http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html).

### Role of Parents/Guardians:

Like staff/volunteers, parents/guardians will NOT be expected to "diagnose" a concussion. However, parents/guardians are being asked to become familiar with the signs, symptoms, and behaviors associated with concussions. Parents/ guardians will be required to review the Information Sheet and sign the Parent Acknowledgment Form indicating that the parent/guardian has read, understands, and agrees to abide by this Policy. Players will not be allowed to begin participating in a sporting event until the Parental Acknowledgment Form has been signed and Returned to the City of Page Recreation Department. Parents/guardians will be expected to comply with this Policy and support the determination made by the staff/volunteers to remove a player from a sporting event. It is the parent/guardian's obligation to have the player evaluated by a qualified health care provider and to obtain from that provider a written statement (1) indicating that the health care provider has, within the last three years, successfully completed a continuing education course in the management and evaluation of concussion; and (2) that clears the player to resume participation in the sporting event. This form can be downloaded at [www.cityofpage.org](http://www.cityofpage.org) or picked up at the City Of Page Rec. Dept. It is the parent/guardian's responsibility to return the completed form to the City of Page Recreation Department before the player is allowed to resume play at a sporting event.

**NOTE: a qualified health care provider is a provider licensed by the Department of Professional Licensing and who may evaluate a concussion within the scope of his/her practice.**

### Mandated Course of Action:

1. Remove player from the sporting event.
2. Notify parent/guardian. If parent/guardian is not present EMT's will be called.
3. Any player suspected of having a concussion should be evaluated by a qualified health care provider as soon as practicable.
4. Before a player will be allowed to resume participation in a sporting event, the parent/guardian of the player must obtain and return to the City of Page Recreation Department a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play Form indicating that the player is cleared to resume participation in the sporting event.

**NOTE: This policy is applicable only to City teams, leagues, and sporting events. The City is not responsible for implementing any concussion or head injury policy for independent teams, leagues, organizations, or associations that utilize City fields or facilities.**