



## 2018 Camper Registration Check List

Thank you for registering your child in a New Orleans Recreation Development (NORD) Commission summer camp. It is the goal of NORD, for your child's experience at one of our partner summer camps to be pleasant, fun, and safe.

Photocopies of the following documents are required at the time of registration:  
(Please check the box next to each item that is completed.)

**Completed Summer Camp Application**

**Proof of Orleans Parish Residency** (Must have 2018 date)

- Photo copy of a valid State-issued ID or Driver's License w/Orleans Parish address  
**AND**
- One of the following utility bills: Entergy, Sewerage & Water Board, Cable etc. Bill must have the same address as on the application

**Proof of Income** (Must have 2018 date)

*To fulfill this requirement provide one (1) of the following:*

- 4 Consecutive Pay stubs
- SSI Award Letter with monthly amount
- Food Stamp or Social Security Award Letters with monthly amount
- If unemployed, letter from Louisiana Workforce Commission regarding unemployment status is required
- If self-employed/business owner, a notarized letter stating current gross monthly income is required

**2017-2018 School Report Card** (If child is not of school age or is home-schooled, an up to date copy of child's Immunization Records must be provided.)

**2018 NORD Commission Swim Release Form**

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Camp Site

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Camp Director's Signature

Date



## 2018 Summer Camp Registration

### Child's Information

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

Age \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

T Shirt Size: Child: XS S M L XL Adult: XS S M L XL 2XL Other: \_\_\_\_\_

### Parent/Guardian Information

(Parent 1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(Parent 2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Parent 1) Home phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_) \_\_\_\_\_

(Parent 2) Home phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_) \_\_\_\_\_

### Emergency Contact other than Parent/Guardian:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Child's medical insurance company:**

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical/Physical Conditions staff should be aware of: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**\*\*Please check one of the following. My child will leave camp by:**

- ( ) Walking Home ( ) Taking the Bus ( ) Getting picked up by me or my designee

The following persons, other than those listed above are designated to pick my child up from camp:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		

**All designees are required to present photo ID at the time of pick-up.**

\*\*\*The information in this questionnaire is used for grant and reporting purposes only. Copies of supportive documentation such as check stub, award letters, etc., along with proof of residency, are required to complete registration.

**Child's Information**

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

**Parent/Guardian Information**

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



**Household size: circle the number of family members living in your household**

*\*Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangements.*

1      2      3      4      5      6      7      8      Over 8

**Gross income and ethnicity** (check the space in columns that most accurately describes your household):

GROSS INCOME	ETHNICITY
<input type="checkbox"/> \$ 0.00 -34,300.00	<input type="checkbox"/> Black/African American
<input type="checkbox"/> \$34,301.00 – 39,200.00	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> \$39,201.00 - 44,100.00	<input type="checkbox"/> Black/ African American & White
<input type="checkbox"/> \$44,101.00 -48,950.00	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> \$48,951.00 - 52,900.00	<input type="checkbox"/> Asian
<input type="checkbox"/> \$52,901.00 - 56,800.00	<input type="checkbox"/> Asian & White
<input type="checkbox"/> \$56,801.00 - 60,700.00	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> \$60,701.00 -64,650.00	<input type="checkbox"/> Pacific Islander/ Native Hawaiian
<input type="checkbox"/> \$Over - 64,651.00	<input type="checkbox"/> Other _____

**Household type** (circle the best description of your household):

Single Parent, female head of household

Single Parent, male head of household

Two Parent Household

Parent/Guardianship of Child

I certify that all of the information provided herein is true and correct and that all household income is reported.

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



## Release of Information

**This page consists of a series of policies and releases. Please read carefully and acknowledge with your initials next to each item.**

### Child Information

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

### Parent/Guardian Information

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

Initials	Releases/ Description
_____	<p><b><u>Consent for Health Care</u></b></p> <p>I authorize the New Orleans Recreation Development (NORD) Commission, the staff and/or employees or any of them acting alone and the summer camp provider; to engage such professional medical care or hospital laboratory services as may appear to be necessary or desirable for the protection of the health or life of my minor child, named above. Any person rendering health care pursuant to this authorization shall be entitled to treat consents given by the undersigned. I agree to be responsible for any charges incurred in the rendition of such care and treatment.</p>
_____	<p><b><u>Field Trip/Swim Release</u></b></p> <p>I give my child permission to participate in all field trips and swim lessons during summer camp. I understand that proper supervision will be provided. Transportation to these field trips will be contracted by NORD partners.</p>
_____	<p><b><u>Consent for Emergency Treatment</u></b></p> <p>In the event of an emergency, permission is given to a medical provider selected by the Summer Camp Provider to administer whatever medical treatment deemed necessary as a result of an accident or illness which may occur while on field trips.</p>
_____	<p><b><u>Photo Release</u></b></p> <p>I do hereby authorize the New Orleans Recreation Development Commission (NORD) <b>and their partners</b> to use photos, videos, and recordings of my child taken during any NORD summer camp related activities for the purpose of publicity for the City of New Orleans on websites, in brochures, or other means of departmental publicity. I understand that my child will not be identified by name when photos are used.</p>

I certify that I have read all of the releases above and understand the liabilities of all parties.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



## 2018 Swim Release Form

All participants of the NORD Aquatics program must have a current and completed release/registration form on file. The program(s) schedule below is for information purposes and registration cannot guarantee enrollment. Final scheduling and enrollment decisions will be made on site by swim instructor and program management.

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Parent / Guardian Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child/Participant \_\_\_\_\_

### Release of Liability

Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of New Orleans, NORD, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any of the programs.

\_\_\_\_\_  
Parent /Guardian/Adult Signature

\_\_\_\_\_  
Date