



### 2020 Camper Registration Check List

Thank you for completing the form to register your child in a New Orleans Recreation Development (NORD) Commission youth summer camp. It is NORD's goal that your child's experience at one of our NORD run or partner implemented summer camps be as pleasant, fun and safe as possible.

The following documents are required at the time of registration (You must provide copies and bring originals for verification of documents): *Please check the box next to each item that is completed.*

- Completed Summer Camp Application**
- Photocopy of valid State-issued ID or Driver's License w/Orleans Parish address**
  - Needed for both parents, if 2 parent household
- Proof of Orleans Parish Residency (Must have 2020 date)**
  - Utility bill: Entergy, Sewerage & Water Board, cable, phone, current home insurance bill, or pay stub documentation from 2020 with parent/guardian current Orleans Parish address. **Bill must be for service at the address on the application.**
- Proof of Income (Must have 2020 Dates)**
  - 4 Consecutive Pay Stubs, for ALL adult household members
  - SSI Award Letter with monthly amount and 2020 dates for distribution
  - Food Stamp or Social Security Award Letters with amount and 2020 dates for distribution
  - If unemployed, letter from Louisiana Workforce Commission regarding unemployment status is required or notarized letter stating current income is required.
  - If self-employed/business owner, a notarized letter stating current gross monthly income is required.
- Child's Birth Certificate**
- Child's Immunization Record or 2019-2020 School Report Card**
- 2020 NORD Commission Swim Release Form**
- Camper Profile**
- New Orleans Public Library Card Application**

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**Camp Site --- NO TRANSFERS CONSIDERED UNTIL END OF CAMP WEEK 2**

**Are you registering siblings?**  Yes  No If yes, list names: \_\_\_\_\_

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**Registrant's Signature**

**Date**

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New Orleans Recreation Development Commission  
5420 Franklin Avenue | New Orleans, Louisiana 70122 | (504) 658-3052 | 504-658-3050 (fax) | [www.nordc.org](http://www.nordc.org)



**Child's Information**

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

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

Race:  African American/Black  American Indian  Alaskan Native  Asian  Caucasian/White

Pacific Islander  Multi Racial: (Specify): \_\_\_\_\_

Ethnicity:  Latino  Not Latino

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

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

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

**Parent/Guardian Information**

Parent #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

**Emergency Contact or Parent/Guardian #2 Information**

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

Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address \_\_\_\_\_

**Camp Departure Authorization**

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

- Walking home  Taking the bus/public transportation  Getting picked up by me or my designee (listed below)

**NOTE:** All changes to how a camper will leave camp must be submitted in writing prior to any changes becoming effective.



**Medical Information and Health History**

Medical Conditions: \_\_\_\_\_

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

Diet/Nutrition Information: \_\_\_\_\_

Mental/Emotional/Behavioral Health Diagnosis:  ADD  ADHD  Other: \_\_\_\_\_

Eating Disorder: \_\_\_\_\_

Mental/Emotional/Behavioral Health Concern: \_\_\_\_\_

Special Needs:  Yes  No Describe: \_\_\_\_\_

Reasonable Accommodations Needed: \_\_\_\_\_

Other Necessary Information: \_\_\_\_\_

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



2020 Summer Camp Registration Questionnaire

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

Child Information

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

Race:  African American/Black  American Indian  Alaskan Native  Asian  Caucasian/White
 Pacific Islander  Multi Racial: (Specify): \_\_\_\_\_

Ethnicity:  Latino  Not Latino Gender:  Male  Female

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):

Table with 2 columns: GROSS INCOME (please check only one) and RACE/ETHNICITY (please check all that apply). Includes income brackets from \$0.00 to \$69,301.00 and various racial/ethnic categories.

Household Type (Check the best description of your household):

- Single Parent, Female Head of Household
 Two Parent Household
 Single Parent, Male Head of Household

I certify that all 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: \_\_\_\_\_ MI: \_\_\_\_\_

<b>Initials</b>	<b>Releases/Description</b>
_____	<p><b><u>Consent for Health Care</u></b>            I authorize the New Orleans Recreation Development (NORD) Commission, the staff and /or employees or any of them acting alone; 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 with consent 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</u></b>            I give my child permission to participate in all field trips 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>Swim Release</u></b>            I give my child permission to participate in all swim lessons during summer camp. I understand that proper supervision will be provided. Transportation to these swim lessons will be contracted by NORD partners.</p>
_____	<p><b><u>Consent for Emergency Treatment</u></b>            In the event of an emergency, permission is given to a physician, selected by the NORD Staff, to administer whatever medical treatment deemed necessary as a result of an accident or illness which may occur.</p>
_____	<p><b><u>Photo Release</u></b>            I do hereby authorize the New Orleans Recreation Development Commission and their partners to use photos, videos, and recordings of my child taken during any NORD youth summer camp related activities for the purpose of marketing 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 the releases above and my signature by each statement signifies that I understand the content and liabilities of all parties.*

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

\_\_\_\_\_  
 Date



## 2020 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 does not guarantee enrollment. Final scheduling and enrollment decisions will be made on site by swim instructor and program management.

**Children 48 inches and under are not allowed to enter the pools without one-on-one adult supervision in the pool at all times.**

Participant Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

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.

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Parent/Guardian/Adult Signature

Date

Camp Site: \_\_\_\_\_



**Camper Profile**

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

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's Age: \_\_\_\_\_ Child's Race/Ethnicity: \_\_\_\_\_

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

Child's T-shirt Size: Child: XS S M L XL Adult: S M L XL 2XL Other \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Camp Departure Status:  Walking  Bus/Public Transportation  Pick Up

**Designated Pick Up**

The following persons in addition to those listed above are designated to pick my child up from camp:

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

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

Medical Conditions: \_\_\_\_\_

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

Diet/Nutrition Information: \_\_\_\_\_

Mental/Emotional/Behavioral Health Diagnosis:  ADD  ADHD  Other: \_\_\_\_\_

Eating Disorder: \_\_\_\_\_

Mental/Emotional/Behavioral Health Concern: \_\_\_\_\_

Special Needs:  Yes  No Describe: \_\_\_\_\_

Reasonable Accommodations Needed: \_\_\_\_\_

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

## Releases

Initials	Releases/Description
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*I certify that I have read all the releases above and my signature by each statement signifies that I understand the content and liabilities of all parties.*

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Parent/Legal Guardian Signature

Date



# NEW ORLEANS PUBLIC LIBRARY

## Student's Library Card Application

Student's Name \_\_\_\_\_  
Last Apellido First Nombre Middle Segundo Nombre

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

Phone Number ( ) \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Apellido de padre o guardián Nombre

Address \_\_\_\_\_  
Dirección Postal

City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Ciudad, Estado Código postal

Student's Birthdate (Month/Day/Year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Fecha de nacimiento (Mes/Día/Año)

4 digit PIN# \_\_\_\_\_  
Código pin

Summer Camp attending \_\_\_\_\_  
Campamento de verano

**I am responsible for all items borrowed on this card.**

*Acepto la responsabilidad de todo el material cargado en esta tarjeta de la biblioteca.*



\_\_\_\_\_  
Student's Signature  
Firma de titular de tarjeta

\_\_\_\_\_  
Parent/Guardian's Signature  
Firma de padre o guardián