

**Bur-Mil Park Day Camp 2008/09  
Camper Medical Information**

Child's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of School: \_\_\_\_\_ Grade Attending: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Certificate: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

List any medical or behavioral problem(s) that the staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ If yes, please explain. Be specific.

\_\_\_\_\_

\_\_\_\_\_

List any prescriptions medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For your child's protection and safety of others, **DO NOT SEND ANY MEDICATION WITH YOUR CHILD**. Medicine should be given to the counselor along with a signed Medical Administration Form.

Childs Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Childs Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Contacts if parents/ guardians cannot be reached:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Medical Care Release

I, as the parent/guardian of (child's name) \_\_\_\_\_ give permission to the Bur-Mil Park camp staff to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_  
(Print parent/guardian name)

\_\_\_\_\_  
(Signature of parent/guardian)

**Bur-Mil Park Day Camp 2008/09**  
**Child Pick Up and Delivery Policy**

Camp begins at 7:30 am and ends at 5:45 pm. Campers must be picked up no later than 5:45 pm. If your child is not picked up by 5:45 pm, you will be charged \$10.00 for every 15 minutes past 5:45 p.m. that we are required to have someone to supervise your child. Please have the payment with you when you arrive to pick up your child.

When delivering your child, please make sure that he/she is with a counselor before you leave them. Each child must be signed in upon arrival. Please check your child in at the Bur-Mil Clubhouse, Cedar room.

Campers must also be signed out. Pick up will also be in the Cedar room. If the children are outside, look for a note on the registration table directing you where to pick the children up.

Please list anyone in addition to yourself that may pick up your child and their relationship.

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

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

If there are any exceptions to this list, or if arrangements are made for the child to go home with another camper, or any other variances from the normal pick up routine, please bring a written note to a staff member when signing your child in.

I have read and understand the pick up and delivery policy. I agree that my child, \_\_\_\_\_ will be signed in and out daily and will have my child picked up no later than 5:45 pm daily.

\_\_\_\_\_  
(Print parent/guardian name)

\_\_\_\_\_  
(Signature of parent/ guardian)

## **Bur-Mil Park Day Camp Disciplinary Policy**

The priority of Bur-Mil Park Camp is to provide a safe and enjoyable environment for every child. In order to keep our camps safe for everyone our counselors and administrators need to focus their attention on the kids and their safety. For this reason, Bur-Mil Park has established a disciplinary policy. The Bur-Mil Park Disciplinary Policy will consist of a three strike system. The first strike will result in a conference with the Camp Director and parents of the child. The second strike will result in a one-day suspension from camp. The third strike will result in expulsion from camps without a refund.

Actions that warrant disciplinary action include the following:

1. Physical contact with another child, counselor, or administrator.
2. Verbal assault with another child, counselor or administrator.
3. Vandalism to park property.
4. Persistent disruption of any activity or group in which they are assigned.
5. Actions causing a counselor to focus their attention outside of where it needs to be: the kids and the task at hand.
6. Disrespect towards any other child, counselor or administrator.
7. Failure to follow the rules.
8. Failure to listen to the counselor or administrator

Please review this policy with your child. Camp rules will be reviewed with the campers at the beginning of camp.

Please sign below stating that you understand the above disciplinary policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Bur-Mil Park



Your Place For Family Fun!

**Bur-Mil Park**

5834 Bur-Mil Club Rd., Greensboro, NC 27410

(336) 373-3800

www.burmilpark.org

**City of Greensboro**

**Release Form**

I, *(please print your name)* \_\_\_\_\_, hereby expressly grant to the City of Greensboro and assign the right to photograph my child/ward, *(please print minor's name)* \_\_\_\_\_ and use his/her picture, silhouette and other reproductions of his/her physical likeness, for the exclusive use by the City on the official City of Greensboro's web site or in City initiated printed publications. I acknowledge that neither I nor the above-named minor will receive compensation for such use by the City

I understand that this Release shall not expire. I represent that I am the parent or guardian of *(please print minor's name)* \_\_\_\_\_ and I possess full contractual rights to enter into this Release.

I hereby certify that I am over the age of eighteen (18) and represent that I have read the foregoing and fully understand the meaning and effect thereof and intending to be legally bound here set in my hand this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Parent/Guardian's Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_