



# HOUSEHOLD REGISTRATION FORM

## Newport Parks & Recreation

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PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY

### FAMILY INFORMATION

Primary Guardian:	Secondary Guardian:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
*EMAIL IS OUR PRIMARY MODE OF CONTACT- PRINT CLEARLY* Primary Email:	*EMAIL IS OUR PRIMARY MODE OF CONTACT- PRINT CLEARLY* Secondary Email:

### COMPLETE MAILING ADDRESS

Complete Mailing Address:

### CHILD #1

Name: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
T-Shirt Size: <input type="checkbox"/> Youth Sm. <input type="checkbox"/> Youth Med. <input type="checkbox"/> Youth Lg. <input type="checkbox"/> Adult Sm. <input type="checkbox"/> Adult Med.	Grade:
Allergies:	Medication: <input type="checkbox"/> This medication will need to be administered during camp.
Pertinent medical/physical limitations or behavioral concerns:	

### CHILD #2

Name: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
T-Shirt Size: <input type="checkbox"/> Youth Sm. <input type="checkbox"/> Youth Med. <input type="checkbox"/> Youth Lg. <input type="checkbox"/> Adult Sm. <input type="checkbox"/> Adult Med.	Grade:
Allergies:	Medication: <input type="checkbox"/> This medication will need to be administered during camp.
Pertinent medical/physical limitations or behavioral concerns:	

### CHILD #3

Name: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
T-Shirt Size: <input type="checkbox"/> Youth Sm. <input type="checkbox"/> Youth Med. <input type="checkbox"/> Youth Lg. <input type="checkbox"/> Adult Sm. <input type="checkbox"/> Adult Med.	Grade:
Allergies:	Medication: <input type="checkbox"/> This medication will need to be administered during camp.
Pertinent medical/physical limitations or behavioral concerns:	

By listing names below, I give the following individuals permission to pick-up my child(ren) at the program.  
 To give your child(ren) permission to sign him/herself out at the end of the day, list their name below.  
**CHILDREN ARE NO LONGER SUPERVISED BY PROGRAM STAFF AFTER THEY'VE SIGNED OUT!**

Name	Relationship

**EMERGENCY CONTACT**  
 This section is REQUIRED. If guardians are NOT available, list individuals to be contacted in case of an emergency.

Name:	Name:
Relationship:	Relationship:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

**WAIVER AGREEMENT:** In consideration of accepting this entry, I hereby, myself, my child, my heirs, executors and administrators, release the City of Newport, it's employees and agents from all liability of personal injury, or loss or damage to personal property which my child or I may experience in connection with activities sponsored by the Newport Parks & Recreation Department. I hereby give my consent and will assume financial responsibility for any medical procedures deemed advisable for my child in the even I cannot be reached and my child has sustained an injury. I hereby consent to my child going on field trips, by foot or vehicle, with the Newport Parks & Recreation Department. I hereby consent to the use of my child's photo, video, artwork, etc. to be used by the department.

Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCIPLINE POLICY:** Our goal is to ensure that every child leaves camp with a smile at the end of the day. We can only accomplish that goal in a safe, supportive environment at camp. Chronically disruptive behavior that requires constant attention from staff, negatively impacts other campers, or consistently breaks camp rules is unacceptable. If a child's behavior is not cohesive with the camp environment, their enrollment will be terminated **without refund**.

At camp, discipline is handled based on a three-strike system. A camper may receive up to three "warnings" in one day for inappropriate behavior. After the third warning, the camper will be dismissed for the remainder of the day. Warnings may come from a combination of staff members and are cumulative throughout the day. Each camper receives a "clean slate" the next morning. If a child is dismissed for behavioral issues three different days, he/she will be suspended from the remainder of the program without refund. Please note that some behaviors merit immediate dismissal or suspension without the warning process, by discretion of the Program Supervisor.

Camp rules will be discussed with children on the first day of the program. If your child is unable to attend the first day, please obtain a list of rules and review them with your child prior to attending.

Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes:**