



New Orleans Recreation Development Commission

2017 Camper Registration Check List

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

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 2017 date)
 - Photo copy of a valid State-issued ID w/Orleans Parish address
 - Utility bill; Entergy, Sewerage & Water Board, Cable bill, etc.
- Proof of Income for 1 full month** (Must have 2017 date)
 - Pay stubs
 - SSI award letters
 - Food stamp or Social Security Award letters
 - In the case of no income, a notarized statement to that effect is required
- 2016-2017 School Report Card**
- 2017 NORDC Swim Release Form**

Camp Site

Camp Director's Signature

Date



2017 Summer Camp Registration

Child's Information

Last Name: _____ First Name: _____ MI: _____
 Age _____ Race _____ Date of Birth _____ Gender: Male Female
 Complete Home Address: _____ Zip Code _____
 T Shirt Size: Child: S M L XL Adult: S M L XL 2XL Other _____

Parent/Guardian Information

Parent #1 Last Name: _____ First Name: _____
 Parent #2 Last Name: _____ First Name: _____
 Email address(es): _____
 Complete Home Address (if different): _____ 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 Conditions staff should be aware of: _____
 Preferred Physician: _____ Physician's contact #: _____
 Preferred Hospital _____

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

() Walking Home () Taking the Bus () 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.		

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

Child Information

Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Information

Last Name: _____ First Name: _____

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><u>Consent for Health Care</u> I authorize the New Orleans Recreation Development Commission (NORDC), 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 consents given by the undersigned. I agree to be responsible for any charges incurred in the rendition of such care and treatment.</p>
_____	<p><u>Field Trip/Swim Release</u> 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 NORDC partners.</p>
_____	<p><u>Consent for Emergency Treatment</u> In the event of an emergency, permission is given to a physician, selected by the NORDC Staff, to administer whatever medical treatment deemed necessary as a result of an accident or illness which may occur while on field trips.</p>
_____	<p><u>Photo Release</u> 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 NORDC 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



2017 Swim Release Form

All participants of the NORDC 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.

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, NORDC, 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

New Orleans Recreation Development Commission
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