



Feather River Recreation and Park District  
1875 Feather River Blvd. (530) 533-2011



**2019 SUMMER Session**

Name of Camper	2019-2020 Grade	Birthdate	Name of Camper	2019-2020 Grade	Birthdate

Any allergies? \_\_\_\_\_

Any medical conditions that we should be aware of? \_\_\_\_\_

Is your child taking any medications while attending camp? \_\_\_\_\_

Does our staff need to administer the medication? YES or NO Two forms are required for prescribed medication to be administered by our supervisors:

**(1) FRRPD Medicine Administration Form & (2) Physician's Authorization to Give Medication at School**

Emergency contact if you are not available.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

	Parent/Guardian - 1	Parent/Guardian - 2
Name		
Title		
Mailing Address		
City / Zip		
Email		
Home #		
Cell #		
Work #		

The following people have my permission to pick up my camper(s):

Name	Phone #	Relationship to Camper(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Camp staff will ask for picture id prior to releasing child to them. Please be prepared to show picture id.**

I have Valley Oaks, Tribe or other subsidized program ... see V.O. Contract

\_\_\_\_\_ Initial

I am aware that payment must be made prior to my camper(s) attending.

**\*\*\* Please mark below which camp days your camper is attending camp. \*\*\***

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WK-1</b>	June 10 X \$28	June 11 X \$28	June 12 X \$28	June 13 X \$28	June 14 X \$28
<b>WK-2</b>	June 17 X \$28	June 18 X \$28	June 19 X \$28	June 20 X \$28	June 21 X \$28
<b>WK-3</b>	June 24 X \$28	June 25 X \$28	June 26 X \$28	June 27 X \$28	June 28 X \$28
<b>WK-4</b>	July 1 X \$28	July 2 X \$28	July 3 X \$28	July 4 NO CAMP	July 5 X \$28
<b>WK-5</b>	July 8 X \$28	July 9 X \$28	July 10 X \$28	July 11 X \$28	July 12 X \$28
<b>WK-6</b>	July 15 X \$28	July 16 X \$28	July 17 X \$28	July 18 X \$28	July 19 X \$28
<b>WK-7</b>	July 22 X \$28	July 23 X \$28	July 24 X \$28	July 25 X \$28	July 26 X \$28
<b>WK-8</b>	July 29 X \$28	July 30 X \$28	July 31 X \$28	August 1 X \$28	August 2 X \$28
<b>WK-9</b>	August 5 X \$28	August 6 X \$28	August 7 X \$28	August 8 X \$28	August 9 X \$28
<b>Extra Days</b>	August 12 X \$28	August 13 X \$28	August 14 NO CAMP	August 15 NO CAMP	August 16 NO CAMP

**Photo Release**

I authorize my child's picture to be used to promote FRRPD.

I do not want my child's picture to be used to promote FRRPD.

**Consequences of Misbehavior:**

I agree with the Consequences of Misbehavior methods as stated in Parent Packet.

**Electronic Toys/Cell Phone**

I agree with the Behavior and Electronic Toy/Cell Phone consequences stated above.

**FRRPD is not responsible for any lost or stolen electronics.**

**Parent/Guardian Agreement**

I have read and understand terms and conditions of Camp Catch a Dream's Registration Packet. I am satisfied with the methods of discipline, education, and activities as set forth in the packet. Should I have questions or concerns now or in the future, I will not hesitate to contact the Director or Assistant Director of FRRPD Children's Services.

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

\_\_\_\_\_ Date