



## 2019 Camper Registration Check List

Thank you for registering 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 partner summer camps be as pleasant, fun and safe.

The following documents are required at the time of registration (must provide copies):  
(Please check the box next to each item that is completed.)

- Completed Summer Camp Application**
- Photo copy 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 2019 date)**
  - Utility bill: Entergy, Sewerage & Water Board, Cable, phone, current insurance bill, or pay stub documentation from 2019 with parent/guardian current Orleans Parish address. Bill must be for service at the address on the application
- Proof of Income (Must have 2019 date)**
  - 4 Consecutive Pay Stubs, for ALL adult household members
  - SSI Award Letter with monthly amount
  - Food Stamp or Social Security Award Letters with amount
  - If unemployed, letter from Louisiana Workforce Commission regarding unemployment status is required or notarized letter stating current income
  - If self-employed/business owner, a notarized letter stating current gross monthly income is required
- Child's Birth Certificate**
- Child's Immunization Record or 2018-2019 School Report Card**
- 2019 NORD Commission Swim Release Form**

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Camp Site

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Registrant's Signature

Date



## 2019 Summer Camp Registration

### Child's Information

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

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

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:  
\_\_\_\_\_

Parent #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent #2 Home phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_) \_\_\_\_\_

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

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact other than Parent/Guardian

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

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

**New Orleans Recreation Development Commission**

**5420 Franklin Avenue • New Orleans, Louisiana 70122 • 504-658-3052 • 504-658-3050 (fax)**

www.nordc.org |     **NORDCommission**



**Camp Departure:**

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

- Walking Home
- Taking the Bus
- Getting picked up by me or my designee  
(list below)

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

**Designated Pick Up**

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.		

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

**Medical Information and Health History**

Child's medical insurance company:

\_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Physician's contact #: (\_\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Medical Conditions**

Are there any medical conditions?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_



**Allergies**

No known allergies  Child is allergic to:  Food  Medicine  Environment  Other

Please describe below what the child is allergic to and the reaction seen when the child comes into contact with his/her allergen.

**Diet/Nutrition**

Regular Diet  Vegetarian Diet  Lactose Intolerant  Gluten Intolerant  Other

Please describe any dietary restrictions:

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**Mental, Emotional, and Social Health**

**Has the camper:**

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?  
 Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?  
 Yes  No
4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, other)   
Yes  No

Please explain "Yes" answers below?

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**Special Needs**

Does the child have special needs?  Yes  No

Does the child require any reasonable special accommodations?

Please describe any special needs and special accommodations required?

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Have we forgotten to ask? Please provide in the space, below, any additional information about the camper's health that you think is important or may affect the camper's ability to fully participate in the camp program.

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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 \_\_\_\_\_



## 2019 Summer Camp Registration Questionnaire

\*\*\*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 persons 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 -36,750.00	<input type="checkbox"/> Black/African American
<input type="checkbox"/> \$36,751.00 – 42,000.00	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> \$42,001.00 - 47,250.00	<input type="checkbox"/> Black/ African American & White
<input type="checkbox"/> \$47,251.00 -52,500.00	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> \$52,501.00 - 56,700.00	<input type="checkbox"/> Asian
<input type="checkbox"/> \$56,701.00 - 60,900.00	<input type="checkbox"/> Asian & White
<input type="checkbox"/> \$60,901.00 - 65,100.00	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> \$65,101.00 -69,300.00	<input type="checkbox"/> Pacific Islander/ Native Hawaiian
<input type="checkbox"/> \$Over - 69,301.00	<input type="checkbox"/> Other _____

**Household type** (Check 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.

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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><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 while on field trips.</p>
_____	<p><b><u>Photo Release</u></b>            I do hereby authorize the New Orleans Recreation Development Commission <b>and their partners</b> to use photos, videos, and recordings of my child taken during any NORD 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



## 2019 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 Code \_\_\_\_\_

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.

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

\_\_\_\_\_  
Date