



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**

Camp Site

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)

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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:

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?



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?

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.

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
_____ \$ 0.00 -36,750.00	_____ Black/African American
_____ \$36,751.00 – 42,000.00	_____ White/Caucasian
_____ \$42,001.00 - 47,250.00	_____ Black/ African American & White
_____ \$47,251.00 -52,500.00	_____ Hispanic/ Latino
_____ \$52,501.00 - 56,700.00	_____ Asian
_____ \$56,701.00 - 60,900.00	_____ Asian & White
_____ \$60,901.00 - 65,100.00	_____ American Indian/ Alaskan Native
_____ \$65,101.00 -69,300.00	_____ Pacific Islander/ Native Hawaiian
_____ \$Over - 69,301.00	_____ 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.

Parent /Legal Guardian Signature _____

Date _____

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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 (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><u>Field Trip</u> 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><u>Swim Release</u> 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><u>Consent for Emergency Treatment</u> 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><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 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