



# Camper Information Sheet

## Weatherford Wrangler Camp

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender (circle one): M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent/Guardian's Name	Driver's License #	Cell Phone #	Home/Work Phone #

**Other Emergency Contacts / Permission to Pick Up Child (Driver's License # Required)**

Name	Driver's License #	Cell Phone #	Home/Work Phone #

<b>Medicine Your Child Will Take at Camp</b>	
<b>Allergies, Including Food Allergies</b>	
<b>Other Important Medical Info Conditions your child might have Or specific activities they should be limited from</b>	
<b>Primary Doctor/Contact #</b>	

Swimming Ability (circle one): Can't Swim    Weak Swimmer    Comfortable Swimmer    Strong Swimmer

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# Weatherford Wrangler Camp Authorization Form

## PARENT LETTER ACKNOWLEDGEMENT AND CAMPER INFORMATION SHEET

I, the parent, or guardian received a copy of the Parent Letter of Acknowledgement.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRANSPORTATION WAIVER

I give my permission to the City of Weatherford and camp staff to transport my child/children, to and from camp on all field trips. (will be local only). Other parks, playgrounds within the city.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SWIMMING SAFETY POLICY

If you indicated on your child's form that he/she "cannot swim," you will need to provide a U.S. Coast Guard approved life jacket for your child. In addition, we ask for your consent to assist your child, if need be, with putting on the life jacket and securing it properly to ensure their safety while participating in water related activities at our swimming pools. If your child does not come to camp with an approved U.S. Coast guard life jacket, he/she will not be allowed to swim on that day. If you do not wish for your child to swim as part of camp activities, he/she will participate in alternative activity on-site.

**My child (circle one): WILL or WILL NOT participate in swimming activities.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION & WAIVER

Your signature below authorizes the City of Weatherford, its employees, and contract employees to secure proper medical treatment for the child named above, in case of an emergency illness, accident or injury. I do hereby release, absolve, and hold harmless the City of Weatherford and its employees, contract employees, and activity supervisors, any or all of them from liability of any kind whatsoever. I also give my permission for any photographs taken during these activities to be utilized for promotional uses by the Parks & Community Service Department now and in the future. I, the parent or legal guardian of the above-named participant, do hereby give my approval for the participation by the participant in any and all of the above program's activities.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Looking forward to a great summer!