

**2023 CAMP GREEN LEAVES
REGISTRATION FORM**

Please complete all questions and sign all waivers for your application to be accepted. Space cannot be held for incomplete applications. All materials are due at the time of registration. No exceptions.

To be eligible for Camp Green Leaves: 1) the participant must have completed kindergarten **AND** 2) be 6 years old on or before August 31, 2023.

To be eligible for the CGL Alumni Week: 1) participant must be 23 years old **AND** 2) have attended the Camp Green Leaves program in the past.

Birth certificates or a government issued ID are required annually to verify a participant's age.

CAMP CHOICE (CIRCLE ONE)	Camp Green Leaves June 19 – July 14 \$60 per participant	CGL Alumni Week July 17 – July 21 \$20 per participant
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Participant's Name (please print): _____ Preferred Name: _____

Address: _____

City, State, Zip: _____

Day Time Phone: _____ Date of Birth: _____ Age: _____ Gender: _____

Parent/Guardian Email: _____

School: _____ Teacher: _____ Grade Level (Fall 2022): _____

Special Education Services: ___ none; ___ Resource; ___ Self-contained classroom; ___ Speech/Lang therapy; ___ Occupational Therapy; ___ Physical Therapy; ___ Counseling; ___ Orientation/Mobility; ___ Other (please specify): _____

Parent/guardians are required to submit a copy of the participant's IEP and/or Behavior Intervention Plan.

T-SHIRT SIZE (CIRCLE ONE)	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult 2X-Large	Adult 3X-Large
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Parent/Guardian Information

The adult(s) listed in this section should be those in which the participant resides.

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Emergency Contacts & Release Authorization

Participant will be released only to the parent/guardian(s) listed. The participant can also be released to the following individuals, as authorized by the parent/guardian(s). In the event of an emergency, if parent/guardian cannot be reached, Burlington Recreation & Parks staff has permission to contact the following individuals. Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and are allowed to sign out the participant. Authorized individuals must be 16 or older and identification will be required to sign out participant. Any changes must be submitted in writing (see director to make changes).

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Camp Green Leaves Operational Policy Handbook Agreement

By signing below, I verify that I am the parent/guardian of _____. I verify that I have received a copy of Camp Green Leaves Operational Policy for Participants. I understand and agree to the policies and procedures therein.

Parent/Guardian's Signature: _____ Date: _____

Swimming Ability

I give permission for my camper to participate in any swimming activities and swimming field trips with Burlington Recreation and Parks. **Participants will swim at Lake Cammack Pool, which ranges from 3-4 feet deep on Mondays. On Thursdays, campers will swim at North Park Pool.** Stated below is the water level, for North Park, I will allow my participant to swim. If this swim level is not appropriate, I give permission to the staff to change to a safer, more appropriate level for my participant's swimming ability. Lifeguards and counselors supervise swimming. **The North Park Pool is split into 3 zones. The zones are as follows:**

_____ Bucket Bay 0-3ft (non-swimmers, no swim test will be required)

_____ Turtle Lagoon 3-5ft (no swim test will be required)

_____ 5ft to Diving Well (Swim test* will be required) • Blue Band

**Swim Test (American Red Cross Competency Test): Campers must be able to: Jump into water over their head, tread water for one minute, turn in a full circle, swim 25 yards to exit without stopping and exit the water without using the steps or ladder.*

_____ Initial if you would like your participant to wear a life vest at the pool when swimming.

Parent/Guardian's Signature: _____ Date: _____

Health Care Needs & Additional Information

1. List any allergies and the symptoms and type of response required for allergic reactions*: _____

**If your participant has an allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your participant with an EpiPen to keep at the program site.*

2. List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns: _____

3. Does the participant have any chronic illnesses/conditions (explain): _____ YES / NO

4. Respiratory Problems*: _____ YES / NO

**If your participant requires an inhaler please note that we strongly encourage providing your child with an inhaler to keep at the program site.*

5. Nervous Disorders: _____ YES / NO

6. Diabetes: _____ YES / NO

7. Hyperactivity: _____ YES / NO

8. Heart Disease: _____ YES / NO

9. List any types of medication taken for health care needs **AND** what they are being taken for*?

10. Are any medications needed to be taken during program hours*? _____ YES / NO

**For any participant with health care needs such as allergies, asthma, or other chronic conditions that require medication, a completed Medication Policy & Action Plan Packet must be attached to the application. Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be administered during the program or kept on site. Participants may not medicate themselves. The Medication Policy & Action Plan Packet must be completed by the participant's parent/guardian and health care professional. NOTICE: Please allow up to 2 weeks to process for approval if completed correctly. Certain medications that require medical support accommodations will require additional staff training & may take an extended amount of time and additional forms. Is there a medical action plan attached? Yes ___ No ___*

- Please check here to verify that you will NOT be providing your participant with an EpiPen for allergy listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your participant in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have Benadryl or EpiPens on site available for use.
- Please check here to verify that you will NOT be providing your participant with an inhaler for respiratory problem listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your participant in the event of a life-threatening situation. In the event of a life-threatening situation, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have inhalers on site available for use.

***Please allow up to 2 weeks to process for approval, if completed correctly and depending on the medication. Medication packets are due June 2, 2023 for processing or at the time of registration. ***

11. Please give any information concerning the participant which will be helpful in his/her experience while in our supervision caring for your participant (such as play, eating and sleeping habits, special fears, special likes or dislikes): _____

12. Custody Agreement*: _____ YES / NO

**If there is a custodial issue that would restrict a parent/guardian from having access to the participant, court documents will need to be provided to the Burlington Recreation & Parks Main Office and will be kept at the camp site.*

Sunscreen Permission

Sunscreen must be applied prior to arriving to camp. Participant may bring sunscreen to reapply, but it must be labeled with their name and may not be shared with other participants. Spray or mist sunscreens are recommended. Participants at Camp Green Leaves may be assisted by staff or siblings in applying sunscreen only to exposed skin that the participant cannot reach on their own, as provided and with the permission of the parent/guardian.

___ Initial if you are requesting the participant to have help applying his or her sunscreen and give Burlington Recreation & Parks staff permission to assist with sunscreen application.

Parent/Guardian's Signature: _____ Date: _____

Photography Waiver

I permit the City of Burlington to use and publish photographs and/or videotapes of me and/or my participant for purposes of promoting recreation activities to the community.

Parent/Guardian's Signature: _____ Date: _____

Access to IEP and BIP (Behavior Plan)

I give permission to Burlington Recreation & Parks Department to review my student's IEP and BIP (Behavior Plan). I understand that I must attach a current copy of the student's IEP and BIP (Behavior Plan), if applicable, with this registration form.

Parent/Guardian's Signature: _____ Date: _____

Consent and Liability Waiver

I wish for my participant to participate in one or more activities offered through the City of Burlington Recreation & Parks Department. I understand that he/she must abide by the rules and regulations of the department. I am also aware that there are certain inherent risks or accidents associated with various activities. I agree to assume all risks involved in participation of such activities. I release the employees, volunteers and agents of the City of Burlington from any responsibility should an incident happen. Further, I shall hold harmless, defend and indemnify the City, its officers, agents, employees, and assigns from any and all claims, demands, disputes, actions, suits, charges and judgements arising out of the performance or nonperformance of this Agreement.

Parent/Guardian's Signature: _____ Date: _____

Field Trips/ Emergency Evacuation/ Transportation

I give permission to the Burlington Recreation & Parks Department staff to provide transportation for any field trips that my child will be involved in and for Emergency Evacuation (see plan below). The City of Burlington and/or Alamance-Burlington School System buses or vans will provide transportation.

Parent/Guardian's Signature: _____ Date: _____

Emergency Permission

I give permission to the Burlington Recreation & Parks Department staff to authorize emergency treatment and transportation of the participant to the nearest hospital available.

Parent/Guardian's Signature: _____ Date: _____

**This is to be used by the staff only in the case of an emergency and every effort will be made to contact the Parent/Guardian.*

Emergency Evacuation Plan

In case of an emergency, participants will be evacuated to Thataways Youth Center (336.222.5134). If Thataways is evacuated, they will be taken to Fairchild Community Center (336.222.5119) on Graham-Hopedale Road.

Please contact the Burlington Recreation & Parks Specialized Recreation Services Division at (336) 513-5447 if you have questions or need assistance in completing the CGL Camp Registration Form.

Discipline & Behavior Management Policy

It is the goal of the Camp Green Leaves staff that every participant has a fun and safe experience at camp. To help ensure this, we ask that you and your participant read this contract. It is very important that both you and your camper be aware of both the rules and subsequent consequences. Participants must obey all rules for the safety of themselves as well as for their fellow participants.

Staff will make every effort to encourage positive participation and utilize strategies and available resources in response to unacceptable behaviors. Praise and positive reinforcement are effective methods of the behavior management of children and adults. When people receive positive, non-violent, and understanding interaction from others, they develop good self-concepts, problem-solving abilities, and self-discipline. We prefer methods of positive redirection and the use of small time-outs.

Please initial by each statement, sign, and date this form. It must be turned in at time of registration.

___1. Appropriate social behavior is stressed during all programs. The staff will do their best to ensure each participant's success in the programs. If a participant's behavior is detrimental to the group or self (kicking, biting, spitting, self-abusing, refusal to stay with the group/running, etc.), a parent or guardian will be called to pick up the participant immediately. I understand that Burlington Recreation and Parks reserves the right to dismiss my participant from camp if it is deemed necessary due to my participant posing a threat to themselves or others. I understand that if my camper is dismissed from the program, they cannot attend any Burlington Recreation and Parks Youth Program or Specialized Recreation program for one year.

___2. I understand that I will be informed by Camp Green Leaves staff of any incidents, including illnesses, injuries, adverse reactions to medications, etc., that may affect my participant. I understand that in the case of an emergency, every effort will be made to contact the parent/guardians of participants. In the event that parents/guardians, physicians, or other authorized person cannot be contacted, the Burlington Recreation and Parks staff is hereby authorized to take whatever action is deemed necessary, in their judgement, for the health and safety of my participant. I will not hold the City of Burlington Recreation and Parks financially responsible for the emergency care and/or transportation for my participant if such actions are necessary.

___3. I understand that the camp staff has the authority to send any participant home if he/she shows signs of illness. I agree to keep my participant home or provide other arrangements for his/her care if he/she has had a fever or a contagious disease within the twenty-four hour period prior to attending camp.

___4. I acknowledge that it is my responsibility to keep my participant's records current to reflect any significant changes as they occur (telephone numbers, work location, emergency contacts, participant's physician, participant's health status, etc.)

___5. I understand that camp supervisors are now requiring interviews for new campers and campers who have had significant changes. I understand that during this interview, staff will review all the policies/expectations, discuss specific participant needs, how the program could/would support and what next steps might be appropriate. I agree that if an interview cannot be scheduled, my participant will not be able to attend camp.

___6. I understand that if my participant has a one-on-one at school, they must come to camp with a one-on-one, which I must provide. *See one-on-one personal assistant section in the CGL Handbook.

I, the undersigned parent or guardian of _____ (participant's name), do hereby state that I have read the Camp Green Leaves Behavior Contract. In signing below, I fully understand and agree with the standards in which I/my participant will be held and the potential consequences if these standards are not met. I understand that if I have questions concerning any area of this contract, I may contact the Youth Programming & Specialized Recreation Services Supervisors.

Parent/Guardian's Signature: _____ Date: _____

General Information

1. Does the participant walk independently? Yes No
If not, what type of assistance is required? _____
2. Does the participant eat independently? Yes No
If not, what type of assistance is required? _____
3. Does the participant dress independently? Yes No
If not, what type of assistance is required? _____
4. Does the participant use the bathroom/toilet independently? Yes No
If not, what type of assistance is required? _____
5. How does the participant understand information? (Verbally, sign language, pictures, demonstration)

6. How does the participant communicate information? (Verbally, sign language, pictures, gestures/pointing)

7. How does your participant socially interact? (Smile, initiates contact, follows directions, safety, etc.?)

8. Does your participant relate better with: small groups (3-5 people) large groups (5+ people) Both
9. What are a few of the participant's favorite indoor/outdoor activities or special interests?

10. How does your participant respond to physical contact (touched on shoulder, arm, etc.)? Explain:

11. Does your participant exhibit any behavior problems? If so, please explain and include any triggers:

12. Will the participant wander and/or run from the group? Yes No
If yes, under what conditions? _____
13. What behavior management techniques or calming methods work best for your participant?

14. Please add additional information that would assist in modifications for the participant:

Please add any specific activities you would like to see your camper participate in this summer:

Section to be completed by Medical Physician

2023 Medical Report for Attending the Burlington Recreation & Parks Camp Green Leaves

Medical Report information is required for new participants and must be updated every two years. Forms must be submitted at the time of registration. To see if your participant's forms are current, please call (336) 222-5028.

(This examination must be completed and signed by a licensed physician, their authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.)

Participant's Name (please print): _____ Date of Birth: _____

Name of Parent of Guardian: _____

Address of Parent of Guardian: _____

Description of Camp: Camp Green Leaves is a summer day camp coordinated by the City of Burlington Recreation & Parks Department for children and adults with developmental disabilities. The camp operates 4-weeks Monday – Friday from 8:30am – 3:30pm, June 19 – July 14 (for ages 5-22) with an additional Alumni Week July 17 – July 21 (for ages 23 & older) at Lake Cammack Park & Marina. The camp schedule includes activity rotations in the outdoors, including visual arts, arts and crafts, music, sports and games, and supervised free time. The camp also features active field trips on busses/vans to local parks and recreation facilities, as well as trips around the Piedmont area. Participants are grouped by age. All participants must be independent with mobility, feeding, toileting and all self-care needs. Participants should be able to participate in group activities and must be able to stay with the group. Participants who are not self-sufficient will be required to have a one-on-one personal assistant, which the parent/guardian must provide. Participants must have manageable behaviors and healthcare needs. They must be exempt from any extreme health-care conditions or needs. Camp Green Leaves is not able to accommodate participants needing assistance with ambulation due to uneven and rugged terrain. Staff to participant ratio is 1:2.

A. Medical History:

Disability Information (please check all that apply):

ADD / ADHD	Down Syndrome	Psychiatric Disability Type:	Vision Impaired
Autism (ASD)	Head Injury		Other:
Behavioral Disorder	Hearing Impaired	Speech Impaired	
Cerebral Palsy	Learning Disability	Spina Bifida	
Developmental Delay	Mobility Impaired		

Medical Circumstances (please check all that apply):

Asthma	Fainting	Seizures *please see below Type:	Other:
Allergies *please see below	Heart Condition		
Contagious Disease	Dietary Restrictions	Triggers:	
Diabetes	Type:		

Please provide specific information for medical conditions we should be aware of: _____

General Appraisal (recommendations and restrictions): _____

Have there been any medical changes since summer 2021: No ____ Yes ____ If yes, please explain: _____

Is participant currently under a doctor's care? No ____ Yes ____ If yes, for what reason? _____

Section to be completed by Medical Physician

Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

*Allergies (please specify type & signs): _____

Does participant use an EpiPen? No ___ Yes ___ If yes, please complete the City of Burlington Medication Policy & Action Plan Packet

*Seizure instructions: _____

Current Medications (please list type, dosage and frequency given)**: _____

*** For any participant with health care needs such as allergies, asthma, or other chronic conditions that require medication, a completed Medication Policy & Action Plan Packet must be attached to the application. **Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be administered during the program or kept on site.** Participants may not medicate themselves. The Medication Policy & Action Plan Packet must be completed by the participant's parent/guardian and health care professional. NOTICE: Please allow up to 2 weeks to process for approval if completed correctly. Certain medications that require medical support accommodations will require additional staff training & may take an extended amount of time and additional forms. Is there a medical action plan attached? Yes ___ No ___*

Are immunizations up to date? No ___ Yes ___

B. Physical Examination

Height _____ Weight _____

B/P _____ Urinalysis Test Done _____ HGB Test Done _____ Tetanus _____

Eyes _____ Glasses _____ Ears _____ Nose _____ Teeth _____ Throat _____ Neck _____

Heart _____ Chest _____ Abdomen _____ Extremities _____ Posture _____ Genitalia _____

Hernia _____ Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ Date _____ Normal ___ Abnormal ___ Follow-up _____

Developmental Evaluation: Delayed _____ Age Appropriate _____

If delay, note significance and special care needed: _____

Participant's Name (please print): _____ has clearance to participate at Camp Green Leaves? No ___ Yes ___

Should activities be limited? No ___ Yes ___ If yes, please explain? _____

Any other recommendations: _____

Physician's Name (please print): _____

Signature of authorized examiner/title: _____

Date of Examination: _____ Phone: _____

Address: _____

*****Please attach a copy of participant's current Immunization Record*****



AUTHORIZATION FOR BACKGROUND CHECK FOR CAMP GREEN LEAVES FOR AGES 16 OR OLDER ATTENDING CAMP

This form must be completed annually & before attending camp. Please allow up to 2 weeks to process for approval if completed correctly.

Please include social security numbers (forms will be kept confidential).

Recreation Department – City of Burlington

The information contained in my application for Camp Green Leaves with the City of Burlington is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or related documents which is deemed material by the City of Burlington, shall result in the City of Burlington not registering/accepting me or, if accepted, terminating my registration/removing from camp. I understand and agree that all information furnished in my application and all attachments may be verified by the City of Burlington or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give the City of Burlington all information relative to such verification and hereby release such individuals, organizations and the City of Burlington from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by the City of Burlington that the City of Burlington may seek to obtain an investigative report that will include personal information regarding the applicant, including but not limited to, educational history, criminal convictions, juvenile court records, arrest records or any country clerk of courts records if allowed, in order to assist the City of Burlington in making certain camp acceptance decisions. I further acknowledge notification by the City of Burlington that reports may be provided to the City of Burlington by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge the City of Burlington, its affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against the City of Burlington, its affiliates or subcontractors, arising out of the making, or use of an investigative report and other designated background information pertaining to the applicant/camper, including any errors or omissions contained or omitted from such reports or investigations.

****PLEASE PRINT****

****All information will be kept confidential****

Name (First, Middle, Last) _____ Date of Birth: (MM/DD/YYYY) ___/___/_____

Maiden Name or other names used (First, Middle, Last): _____

Social Security #: _____ Driver's License Number: _____ State: _____

Current and previous address(es). **PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS.**
(Use extra page if necessary)

CURRENT Address: _____ From: ___/___/___ To: ___/___/___

City, State, Zip: _____ County _____

PREVIOUS Address: _____ From: ___/___/___ To: ___/___/___

City, State, Zip: _____ County _____

PREVIOUS Address: _____ From: ___/___/___ To: ___/___/___

City, State, Zip: _____ County _____

PREVIOUS Address: _____ From: ___/___/___ To: ___/___/___

City, State, Zip: _____ County _____

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18 yrs.): _____



CITY OF BURLINGTON – RECREATION & PARKS

WAIVER/RELEASE FOR COMMUNICABLE DISEASES ***INCLUDING COVID-19***
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in City of Burlington Recreation & Parks programs or use City property and/or facilities, which include but are not limited to summer camps, afterschool, athletic practices and competitions, facility and equipment rentals, aquatic activities, and any other City sanctioned activity or any event taking place on City property, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19 (coronavirus). While particular rules and personal discipline, choices and behavior may reduce this risk, the risk of serious illness and death does exist (the risk of serious illness and death hereinafter referred to as “all such risks”); and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Burlington their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the activity or event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. Groups who are eating prepared food must wear gloves when serving. All in attendance must wear a mask when not eating and maintain social distancing at all times.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature (if over 18 years): _____

Name of guardian: _____

Guardian signature (if participant is under 18 years): _____

Date signed: _____