

**WILLIAMSON COUNTY PARKS AND RECREATION
2017 CAMP WILL REGISTRATION PAPERWORK**

Participant's Name _____ DOB _____

Parent's Name: _____ Phone: _____

Email: _____

Please note: A parent or legal guardian must register and complete all forms.

MEDICAL INFORMATION

This medical information is required in order to help facilitate a happy and safe camp experience for your child. Please make sure all information is as complete and accurate as possible so that we may do our part to accommodate any needs your child may have.

Please CHECK all that applies to the participant and add any comments.

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> PDD-NOS | <input type="checkbox"/> Prader-Willi |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Chiari Malformation |
| <input type="checkbox"/> ODD | <input type="checkbox"/> Ataxia | <input type="checkbox"/> Celiac Disease |
| <input type="checkbox"/> OCD | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Aspergers |

Comments/Other: _____

Please CHECK all that applies to the participant:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tube Feeding | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Ear Tubes | <input type="checkbox"/> Dentures | <input type="checkbox"/> Catheterization |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Vagus Nerve Stimulator |

Other: _____

Please provide specific information for any other medical condition (Example: Activity restrictions, etc.).

Medications:

Please identify type, dosage and time of all medications participant is currently taking (regardless if the medications are taken during camp hours or at home outside of camp hours). If more than three medications are taken please include additional medications in comments.

Name of Medication #1: _____ Treatment for _____

Dosage _____ Time _____ Possible side effects _____

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Name of Medication #2: _____ Treatment for _____

Dosage _____ Time _____ Possible side effects _____

Name of Medication #3: _____ Treatment for _____

Dosage _____ Time _____ Possible side effects _____

Comments: _____

Food Restrictions:

Gluten Free Diet

Casein Free Diet

Comments/Other: _____

Allergies:

Tree Nut

Peanut

Other

Comments/Other: _____

Does participant have or has had a history of seizures?

YES

NO

If yes, what kind? (Grand Mal, Petit Mal, Other) _____

Describe behavior after seizure _____

Date of last seizure _____

Conditions or circumstances that might trigger a seizure _____

RECREATION INTERESTS

Please CHECK all that applies to the participant:

Swimming

Sports

Community

Active Play

Music

Other

Art

Alone Play

Comments/Other: _____

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BEHAVIOR

Please CHECK all that applies to the participant regarding behaviors and give an example of each.

<u>Type of Behavior</u>	<u>Example of Behavior</u>	<u>Trigger</u>	<u>Frequency</u>
<input type="checkbox"/> Runs away from the group	_____	_____	_____
<input type="checkbox"/> Inappropriate touching of self/others	_____	_____	_____
<input type="checkbox"/> Inappropriate language	_____	_____	_____
<input type="checkbox"/> Biting	_____	_____	_____
<input type="checkbox"/> Self-abusive behavior	_____	_____	_____
<input type="checkbox"/> Aggression	_____	_____	_____
<input type="checkbox"/> Tantrums	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

What has been the most effective in managing these behaviors?

SENSORY PROCESSING DIFFICULTIES

Is your child sensitive to:

<input type="checkbox"/> Sound <input type="checkbox"/> Vision <input type="checkbox"/> Balance <input type="checkbox"/> Vestibular <input type="checkbox"/> Auditory <input type="checkbox"/> Firm Touch <input type="checkbox"/> Light Touch <input type="checkbox"/> Proprioception (Movement) _____	Comments: _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Taste <input type="checkbox"/> Smell <input type="checkbox"/> Textures <input type="checkbox"/> Lights <input type="checkbox"/> Jumping <input type="checkbox"/> Transitions <input type="checkbox"/> Self-Awareness _____	Comments: _____ _____ _____ _____ _____ _____ _____
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What helps your child to adapt to these sensory issues (please CHECK all that apply)?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Heavy Lifting | <input type="checkbox"/> Hanging from Monkey | <input type="checkbox"/> Head Phones |
| <input type="checkbox"/> Brushing | <input type="checkbox"/> Bars | <input type="checkbox"/> Other |
| <input type="checkbox"/> Active Play | <input type="checkbox"/> Squeezing | |
| <input type="checkbox"/> Swinging | <input type="checkbox"/> Weight Vest | |

If your child benefits from a weight vest and/or headphones will you send them? _____

Comments/Other: _____

ACCOMMODATION FORM FOR OUTSIDE SERVICES (IF APPLICABLE)

Williamson County employees cannot perform certain medical procedures. If your family member requires injections, catheterization, colostomy bag, or tube feeding during camp hours, we will gladly accommodate any qualified person or an outside agency of your choice to perform these services.

Participant's Name _____ **DOB** _____

Receiving Services From: _____

Contact Person's Name for Services: _____

Contact Person's Phone Number for Services: _____

Time of Services: _____

Day of Services: _____

I understand that WCPR is not responsible for arranging these services, but will work cooperatively with above individual or agency so that my child can receive these services.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

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RELEASE OF LIABILITY FOR COMMUNICATION DEVICE(S)

In consideration for my child, _____, being allowed to use an Apple iPad or similar device to communicate while participating in the Camp Will activities and programs, I do hereby forever waive, release and discharge Williamson County, and its officers, agents, employees, volunteers, representatives, and all others acting on their behalf from any and all claims or liabilities for damages to the iPad (or similar device) or loss of the iPad (or similar device), including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my child's participation in any Camp Will activities or programs.

I understand and agree that neither Williamson County nor Williamson County Parks and Recreation Department shall be responsible for any damage to the iPad (or similar device) or loss of the iPad (or similar device) arising out of my child's participation in Camp Will activities and programs and neither shall bear any responsibility for the safety or storage of the iPad (or similar device).

I understand and agree that my child's use of the iPad (or similar device) shall be only used for communication purposes while participating in Camp Will activities and programs.

By signing this form, I represent that I am the parent(s) or legal guardian(s) of the minor and I fully understand the terms contained in this release and that this release shall be legally binding on the undersigned individual, minor, and facility users, their heirs, executors, administrators, and successors.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

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BEHAVIOR MANAGEMENT AGREEMENT

The care, welfare, safety, and security of our campers and staff is our primary focus for the safe management of behaviors. To help facilitate a safe camp experience for all, we provide a 2:1 camper to staff ratio. We understand that a structured program with positive reinforcement is essential in minimizing challenging or negative behaviors. However, if a challenging or negative behavior should occur, behavior interventions will be used for behavior management.

Basic Behavior Interventions

1. If a behavior concern arises, our staff will make every effort to resolve all concerns first.
2. Our staff and counselors are trained to try many different types of behavior strategies to prevent and resolve challenging and/or negative behaviors.
3. Techniques that staff and counselors may utilize include, but are not limited to, redirection, time-outs, reward systems, sensory breaks, sticker/star charts, etc.
4. We encourage parent/guardian(s) to inform us of other approaches that are effective for managing their child's behavior.

If a camper's behavior continues and they are not responding to behavior interventions, it will be necessary to implement the Behavior Management Plan. The following steps will occur:

Behavior Management Plan

1. If a camper does not respond to basic behavioral interventions or if managing their behavior results in a lack of adequate supervision for the other campers, the parent/guardian(s) will be contacted to pick up their child immediately.
2. For safety purposes, there are some severe behaviors that may result in the parent/guardian(s) being immediately contacted to pick up their child. These behaviors include, but are not limited to
 - a. Verbal or physical aggression towards self or others (i.e. hitting, kicking, biting, scratching, etc)
 - b. Spitting
 - c. Self-abusive behavior
 - d. Refusal or inability to stay with the group
 - e. Eloping from the camp site or group
 - f. Unable to gain self-control
 - g. Unable to rejoin their group after multiple attempts
 - h. Destruction of school property and/or Camp Will equipment
3. If a camper's challenging or negative behaviors continue, alternative scheduling interventions may need to be implemented. Alternative scheduling intervention include, but are not limited to...
 - a. Camper attends on a half-day or partial week (i.e. Monday/Wednesday/Friday or Tuesday/Thursday) basis
 - b. Camper takes 2-3 day leave from the program
 - c. If any of the above mentioned strategies are not effective, the last resort will be to remove the camper from the program.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

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PARTICIPANT/PARENT/LEGAL GUARDIAN RELEASE

I give my consent for my child _____ (Child's Name) to participate in Camp Will and/or other recreational activities sponsored by the Williamson County Parks & Recreation Department (WCPR). I agree to be responsible for all fees associated with the Program, and understand that should Williamson County bring suit to collect any amounts due, I will be responsible for court costs and attorney's fees related to such action.

I understand that certain recreational programs sponsored by WCPR, including the Camp Will program, are for Williamson County residents only. I understand that WCPR employees, volunteers, agents or officers are not authorized to provide medical treatment or perform medical procedures. Should my child require regular or periodic medical treatment or procedures while my child is participating in Camp Will or any other recreational activities, then I understand and agree that I will be solely responsible to ensure that such treatment or procedures are provided to my child. I understand that no health or accident insurance is provided by the County for my child or any other participant and in case of an emergency my child may be taken to a physician or hospital at my expense. I authorize WCPR personnel to transport my child for treatment in the event of an emergency.

I understand that supervising adults conduct all activities and that my child must obey the rules and regulations of the program so that discipline and safety standards as set by WCPR may be maintained. I understand that if my child's behavior becomes disruptive or aggressive in any way as determined by WCPR in its sole discretion, my child and I will be required to execute a Behavioral Management Agreement. I understand that I will be expected to actively participate in the success of the Behavioral Management Agreement and to attend meetings regarding same if necessary. If my child continues to be disruptive or act in an aggressive manner, or if my child's behavior becomes dangerous to himself/herself or others, I understand and agree that my child may be removed and/or suspended from participating in Camp Will or any other recreational activities sponsored by WCPR. Continued disruptive or aggressive behavior by my Child may result in my Child being banned from any other activities provided by or sponsored by WCPR. Should my Child be suspended or expelled from participating in WCPR sponsored activities due to behavioral issues, I agree that I will forfeit any rights to monies paid for my child's participation in Camp Will or any other recreational activity sponsored by WCPR.

I agree to hold harmless, indemnify and release Williamson County and the Williamson County Parks and Recreation Department, their agents, officers, employees, and volunteers, from and against any and all liability, claims, losses, expenses, judgments, injury or damage I or my child may sustain in connection with my child's participation in Camp Will or other WCPR programs whether directly or indirectly related to the program. I understand and agree that neither Williamson County nor Williamson County Parks and Recreation

Department shall be responsible for any injury, claim or damage arising out of defective or dangerous premises when my child is not on property owned or controlled by Williamson County or the Williamson County Parks and Recreation Department and neither shall bear any responsibility for my child's safety prior to arrival at the camp site or after departure.

I understand the terms contained in this Release and that it is binding upon me and my child.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

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RELEASE FOR PICK-UP

I give my consent for my child/children _____ (Child/Children Name) to be picked up from Camp Will by the following adult individuals:

_____ Name	_____ Relationship to child	_____ Phone Number
_____ Name	_____ Relationship to child	_____ Phone Number
_____ Name	_____ Relationship to child	_____ Phone Number
_____ Name	_____ Relationship to child	_____ Phone Number
_____ Name	_____ Relationship to child	_____ Phone Number
_____ Name	_____ Relationship to child	_____ Phone Number

I understand that it is my responsibility to arrange to pick-up my child/children upon their return from Camp Will. I understand that it is my responsibility to inform everyone approved by me on this release that he/she must present a valid driver's license or photo ID before the child/children will be released. Should I revoke permission for any of the individuals named herein, then I shall notify WCPR in writing.

I understand that if my child is not picked up or when no one listed above is present to pick up my child/children, my child/children may be turned over to local child protection authorities.

BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD/CHILDREN WHEN HE/SHE RETURNS FROM CAMP WILL, AND I HAVE INSTRUCTED MY CHILD/CHILDREN THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. MY CHILD/CHILDREN ALSO HAS/HAVE BEEN TOLD TO REPORT IMMEDIATELY TO THE WCPR'S PERSONNEL OR EMPLOYEES IF THE DESIGNATED PERSON(S) IS/ARE NOT PRESENT AT THE PICK UP TIME.

_____ Parent/Guardian Signature	_____ Parent/Guardian Print Name	_____ Date
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RELEASE FOR PHOTOGRAPHS & MEDIA

I give my consent and authorize Williamson County Parks and Recreation Department to exercise the unrestricted right to take, use, reuse, and reproduce pictures of my child, _____, (child's name) or myself and use such photographs as follows:

1. In any in-house publication (such as scrap books, photo albums, etc. for internal Parks and Recreation Department use only)
 Yes No
2. In any publication (including; but not limited to, newspapers, television and/or radio broadcasts, books, brochures, magazines, displays, Internet broadcasts, and motion pictures) in such manner and at such times and in such places as the Parks and Recreation Department shall determine
 Yes No
3. To copyright and use, re-use, publish, and republish photographic portraits or pictures of me or my minor child, named herein, or in which I or my minor child may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever
 Yes No

By signing this document, the above named and the undersigned relinquish any right that they may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied at the complete discretion of the Parks and Recreation Department.

By signing this document, the undersigned releases, discharges and agrees to save harmless the Parks and Recreation Department and Williamson County, its employees, officers, volunteers, or assigns, and all persons functioning under their permission or authority, from any claims for libel or invasion of privacy from the use of any material as specified herein.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the Parks and Recreation Department as well as the person(s) for whom he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/ guardian] of the above named minor. For value received through participation in programs or events, I hereby consent to the foregoing on his/her behalf.

Parent/Guardian Signature

Parent/Guardian Print Name

Date