

March 6, 2009

Dear Parents:

James City County Parks and Recreation is excited to offer again our Days of Discovery Summer Camp for youth with disabilities, ages 5-21. This interactive camp experience will provide fun and hands-on activities around weekly themes. **Mail-in only registration will begin on Friday, February 6 for residents and February 13 for non-residents.** Please note the following registration information:

- Priority Registration deadline: May 29, 2009 to guarantee placement for the first week of camp.
- All registration packets must be mailed and **cannot** be hand-delivered to: James City County Division of Parks and Recreation, 5300 Palmer Lane, Suite 1A Williamsburg, VA 23188. Please put Attention: Days of Discovery Registration on your envelope.
- Applications are taken on a first come first served basis. Space is limited.
- All parents are required to submit a completed registration packet and updated physical and immunization record forms. *Any application packets that are not complete will be returned and a space in the program will not be guaranteed.*
- **NEW:** All parents will need to pick up their child by 4:30p.m. each day. Pick up will be at the Norge NEED center Monday, Tuesday, and Thursday and at the JC/WCC on Wednesday (swim day).

**General Program Information:**

- Location: Norge Elementary School NEEDS Center.
- Hours of Operation: 12-4:30 p.m., Monday-Thursday (No program Monday, June 29<sup>th</sup>)
- Fees: \$55(\$50 resident discount)/week
- A typical Days of Discovery Camper:
  - ✓ Has a Mild to Moderate Disability.
  - ✓ Is between 5 and 21 years old.
  - ✓ Can independently, or with verbal cues, feed, bathe, and toilet.
  - ✓ Is able to function successfully within a 1:3 staff to camper ratio.
  - ✓ Is able to adjust to changes in routine/environment with relative ease.
  - ✓ Has the ability to effectively communicate needs to a counselor, may be verbal or with a communication device.

**For questions or concerns, please call 259-5354.**

Sincerely,

Megan White, CPRP  
Inclusion Coordinator

**Over** 

**James City County Parks and Recreation  
Days of Discovery Camp 2009  
Application Packet Checklist**



Registration Form \_\_\_\_\_

Notarized Agreement Form \_\_\_\_\_

Copy of Physical Records \_\_\_\_\_

Copy of Immunization Records \_\_\_\_\_

Swim Form \_\_\_\_\_

All forms are filled out completely  
with no blanks or denote N/A \_\_\_\_\_

A completed application packet  
for each child \_\_\_\_\_

Enveloped addressed to \_\_\_\_\_

**James City County Parks and Recreation, 5300 Palmer Lane, Suite 1A, Wmsbg., Va 23188**

Thank you for your application and choosing our programs!!



**Days of Discovery Camp 2009  
Registration Information (please print)**

**Forms must be filled out completely. No line may be left blank.  
Please list N/A for a line that's non-applicable or don't apply to you.**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade level \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Employed at \_\_\_\_\_ Workphone \_\_\_\_\_  
Address(if different) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Employed at \_\_\_\_\_ Workphone \_\_\_\_\_  
Address(if different) \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of person(s) or agency having legal custody of child \_\_\_\_\_  
Address(if different) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Address(if different) \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of two persons to contact if parent(s) cannot be reached: (must include house #, street name, city, state, and zip code)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_

Persons NOT authorized to visit or pick up child \_\_\_\_\_

(Appropriate legal paperwork must be attached if a parent is not allowed to pick up the child.)

Does your child have any allergies and intolerance to medication, foods or any other substances? YES \_\_\_\_\_

NO \_\_\_\_\_ If yes, what? \_\_\_\_\_

What actions need to be taken? \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have a chronic illness? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what? \_\_\_\_\_

Please specify any disabilities, other medical conditions, medications \_\_\_\_\_

Please list any special accommodations your child needs to participate in the program:

List any previously attended child-care programs, schools your child is currently attending and the grade level: \_\_\_\_\_

My child may or will attend summer school: (please circle) Yes or No \_\_\_\_\_

Name of School \_\_\_\_\_

Child's Name \_\_\_\_\_ Summer School Site \_\_\_\_\_

**Over**



**Agreement I:** In case of emergency the James City County Division of Parks and Recreation has my (parent or guardian) permission to call my family physician or another physician when family physician or I cannot be reached. The staff is authorized to administer first aid or emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the well being of my child. Additionally I will provide written permission for any medication that must be distributed to my child by the Program Staff. I (parent or guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage and doctor listed on the container. If my child is on medication for more than a 10-day period I will provide James City County Division of Parks and Recreation with a letter from the child's physician. **initial**\_\_\_\_\_

**Agreement II:** I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in the James City County Division of Parks and Recreation Days of Discovery Program and do hereby release James City County, their employees, representatives, and volunteers from all liability and (2) that I (parent or guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above named child. **initial**\_\_\_\_\_

**Agreement III:** James City County Division of Parks and Recreation Days of Discovery Program will notify me (parent or guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification. **initial**\_\_\_\_\_

**Agreement IV:** I (parent or guardian) give permission for my child to attend any field trips while in the James City County Division of Parks and Recreation Days of Discovery Program. **initial**\_\_\_\_\_

**Agreement V:** I (parent or guardian) give my child permission to participate in swimming activities conducted at the James City County Division of Parks and Recreation pools and on field trips. I (parent or guardian) authorize the use of sunscreen when needed. **initial**\_\_\_\_\_

**Agreement VI:** Prior to admission to the James City County Division of Parks and Recreation Days of Discovery Program, I (parent or guardian) will provide written proof of a physicians examination of my child by a physician licensed to practice medicine, provide a copy of all immunization records, and swim permission form. **initial**\_\_\_\_\_

**Agreement VII:** I (parent or guardian) will be responsible for the payment of fees imposed by the James City County Division of Parks and Recreation School Age Program. In the event the County pursues collection through a court action, I agree to pay all reasonable costs including but not limited to attorney's fees of 25% of the outstanding balance. **initial**\_\_\_\_\_

**Agreement VIII:** I (parent or guardian) agree to allow photographic images of myself and or my children to be taken in the James City County Division of Parks and Recreation Days of Discovery Program and be used for promotional purposes by the James City County Division of Parks and Recreation. **initial**\_\_\_\_\_

**Agreement IX:** I (parent or guardian), agree to inform the James City County Division of Parks & Recreation Days of Discovery Program within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the Board of Health, except for life threatening diseases which must be reported immediately. **initial**\_\_\_\_\_

**Agreement X:** I (parent or guardian) authorize the Williamsburg/James City County School system to release academic and discipline records to James City County Division of Parks and Recreation Days of Discovery Program. **initial**\_\_\_\_\_

**Agreement XI:** I (parent or guardian) agree to enforce the James City County Division of Parks and Recreation Days of Discovery Program rules and procedures as to ensure the health and safety of my child and other children participating in the James City County Division of Parks and Recreation Days of Discovery Program. **initial**\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Commonwealth of Virginia, County of James City, To Wit:  
Subscribed and Sworn Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_

**James City County Parks and Recreation  
Days of Discovery Camp 2008**



## Parental Permission for Swimming or Wading Activities

Parental permission is necessary for each child who participates in swimming or wading activities while attending James City County Parks and Recreation Programs. Parents must advise the program of the child's swimming skills before the child is allowed in water above the child's shoulder height.

Child's Name \_\_\_\_\_

Permitted Water Depth: Up to \_\_\_\_\_ Feet

PLEASE WRITE YES/NO TO THE FOLLOWING SKILLS THAT APPLY TO YOUR CHILD.

1. **BOBBING** (submerging face & head) \_\_\_\_\_
2. **JELLY FISH FLOAT** (float face down relaxed) \_\_\_\_\_
3. **DEAD MAN'S FLOAT OR PRONE FLOAT**  
(float face down stiff & rigid) \_\_\_\_\_
4. **BACK FLOAT** \_\_\_\_\_
5. **BACK GLIDE** \_\_\_\_\_
6. **FRONT GLIDE** \_\_\_\_\_
7. **DOG PADDLE** \_\_\_\_\_
8. **KICKING** \_\_\_\_\_
9. **ARM STROKES** \_\_\_\_\_
10. **FRONT CRAWL** \_\_\_\_\_
11. **BREAST STROKE** \_\_\_\_\_
12. **TREADWATER** \_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in swimming activities and verify that all provided information is correct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date