District of Columbia
Department of Parks and Recreation

CAMP DATA FORM

Please Indicate Camp:

☐ Before School ☐ After School ☐ Preschool ☐ Spring Break ☐ Summer Camp ☐ Teen Camp ☐ Break Camps

PARTICIPANT'S INFORMATION

Participant's Name (First, MI, Last)	Nickname	Date of Birth	Age	M/F

Participant's Address	City, State, Zip Code	Home Telephone No.

Person(s) or Agency Having Legal Custody of Child	School Attending	Grade In	Grade Entering	Current Teacher's Name

Previous Child Day Care Program/School(s) Attended (Include City and State)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.

Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number

Parent/Guardian Name (First, Last)	Home Address, City, State, Zip Code	Home Telephone No.

Place of Employment	Employment Address, City, State, Zip Code	Work Number
		Cell Number

Please list in order the best phone numbers to reach you during camp hours

Primary Contact #	Secondary Contact #	E-mail Address

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and action to take in an emergency	List all medications your child takes daily and any possible reactions

Does your child have any identified special need(s) (developmental, physical, emotional or learning)? Y / N Please describe:
Does the participant have a previous inclusion and special needs plan on record with the school system? Y / N

Name of Participant's Physician	Physician's Telephone No.

Emergency Contact Person (Other Than Parent, Must Be Local)
1.

Address	City, State, Zip Code	Telephone No.

Emergency Contact Person (Other Than Parent, Must Be Local)
2.

Address	City, State, Zip Code	Telephone No.

Person(s) Authorized To Pick Up Participant:

Person(s) ***Not*** Authorized To Pick Up Participant *:

By signing here, I understand that and authorize that any Participant's words, work products, and/or likeness (including photographs), to describe, evaluate, promote, and publicize DPR programs may be used by the agency.

*** Appropriate paperwork such as the custody decree shall be attached if a parent/guardian is not allowed to pick up the child.**

DISTRICT OF COLUMBIA DEPARTMENT OF PARKS AND RECREATION
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
FOR CONSENT AND WAIVER FOR PARTICIPATION OF MINOR IN DPR CAMP TRIP

Thennie Freeman
Director

Destination: Varies by site
Address: Varies
Answer the following question:

Date(s); Various
Transportation: DPR-provided
This activity may involve water play.
Does the participant know how to swim? ☐ Yes ☐ No

I, Click or tap here to enter text, the parent/legal guardian of Click or tap here to enter text ("participant"), consent and give permission for participant's travel to/from, and participation in, the above-named Activity. I understand that travel could be by foot, DPR bus/fleet or contract bus. I acknowledge that participation in the Activity can carry potential risks including, but not limited to, bodily injury to the participant, and I agree to assume all risks and hazards associated with the participant's travel to/from and participation in the Activity. In consideration of receiving permission to participate in this Activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) **I WAIVE, RELEASE, AND DISCHARGE** any and all District officials, agents and employees, current and former, and/or representatives (each a "District Party" and collectively the "District Parties" or the "District") from any and all liabilities, claims, penalties, suits, demands, judgments, costs, interest, and expenses (including, attorneys' fees and costs) (each a "Loss" and collectively "Losses") including, but not limited to, Losses from or connected to participant's death, disability, personal injury, loss damage or theft of participant's property or actions which may occur to participant in connection with the Activity including traveling to and from this Activity arising from either the participant or the District's negligence, or from participant's recklessness or intentional acts;

(B) **I AGREE TO INDEMNIFY and HOLD HARMLESS** the District, for, from, and against any and all losses arising or resulting from participation in or travel to and from this Activity arising from either the participant or the District's negligence, and/or from participant's recklessness or intentional acts;

(C) **THIS WAIVER, RELEASE AND DISCHARGE, AND INDEMNIFICATION SHALL NOT EXTEND TO** the gross negligence or intentional acts of District Parties acting within the scope of their employment.

In the event of an injury to the participant requiring medical attention, I grant permission to the District to attend to the participant. In the event of an injury that requires further medical attention or in an emergency, the District will attempt to contact the names listed below. If efforts to reach the names are unsuccessful, I grant permission to the District to seek further medical treatment for the participant. I agree to accept full responsibility for and to pay the cost of medical care, transportation, and any other incidental expenses arising from any such event.

In the event that the participant is unable to participate in a particular Activity for reasons of health, accident, failure to comply with directions of the leaders in charge, violations of the code of conduct, or for any other reason in the District's reasonable determination, I agree to pick up the participant from a time and location specified by the District.

I certify that I have read this contract and that I fully understand its content. I certify that I am the participant's true parent or legal guardian and that I have the authority to sign this document, and that the information below is true and correct.

Click or tap here to enter text
Signature of Parent/Legal Guardian

Click or tap here to enter text
Date

Click or tap here to enter text
Print Telephone Number and Address of Parent/Legal Guardian

Click or tap here to enter text
Emergency Contact Name(s) and Phone Number(s)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Parks and Recreation

Thennie Freeman
Director

DPR Summer Camp 2025

Parent Handbook Receipt Acknowledgement

By my signature below, I am hereby acknowledging receipt (via email, other electronic means or via hard copy) of the Parent Handbook for 2025 Summer Camp. My family agrees to abide by all the rules and regulations contained herein and will advise and encourage my child to adhere to all rules and regulations. I understand that failure to adhere could result in my child's removal from the program.

Click or tap here to enter text _____: I have received complete written program information at the time of enrollment and/or prior to the start of camp.

Click or tap here to enter text _____: If my child is not picked up at the close of the program, I will be charged a late fee of $10.00 per child for each fifteen (15) minute interval, or any portion thereof. Payment will be invoiced to my account and will be paid prior to the next camp date.

Click or tap here to enter text _____: The DC Department of Parks and Recreation staff will attempt to notify me whenever my child becomes ill or has behavior issues. I will arrange to have my child picked up immediately. I also authorize the staff to obtain immediate medical care if any emergency occurs when I cannot be immediately located.

Click or tap here to enter text _____: I understand that the DC Department of Parks and Recreation requires all children to be signed in and/or out daily by a parent/guardian. I or any person picking up my child will provide photo identification before my child will be released from care.

Click or tap here to enter text _____: If my child or any one in my family comes down with a communicable disease (lice, measles, chicken pox, etc) it is my responsibility to notify the DC Department of Parks and Recreation Camp Coordinator within 24 hours so that they can notify all other campers (all names will remain confidential). I understand that my child may not return to camp without a written note of permission from a certified physician.

Click or tap here to enter text _____: I acknowledge I have read all DPR Summer Camp policies and procedures.

Participant's Name: Click or tap here to enter text. Date of Birth: _____.

Parent's Email: Click or tap here to enter email. Parent's Mobile: _____.

Click or tap here to print name _____.
Parent/Legal Guardian (print)

Click or tap here to sign _____.
Parent/Legal Guardian (sign)

_____.
Date

DISTRICT OF COLUMBIA DEPARTMENT OF PARKS AND RECREATION
CONSENT AND WAIVER AND RELEASE OF LIABILITY FORM
FOR PARTICIPATING IN DPR ACTIVITY

Thennie Freeman

Director

Name of Activity, Event, or Program (hereinafter, the "Activity"): DPR Summer Camp

Location of Activity: 2025 Summer Camp at _____Recreation/Community Center

I, _____, the parent/legal guardian of _____ ("Participant"), hereby consent and give permission for participant in the above named program or activity.

I recognize that participation in the Activity can carry with it potential risks, including, but not limited to, bodily injury and I assume all risks of participating in the Activity including, but not limited to, any risks that may arise from the equipment and/or real and personal property owned, managed, maintained, and/or controlled by the District at the location of the Activity.

In consideration of permission to participate in this Activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) **I WAIVE, RELEASE, AND DISCHARGE** any and all District officials, agents and employees, current and former, and/or representatives (each a "District Party" collectively the "District Parties" or the "District") from any and all liabilities, claims, penalties, suits, demands, judgments, costs, interest, and expenses (including, attorneys' fees and costs) (each a "Loss" and collectively "Losses") including, but not limited to, Losses from or connected to participant's death, disability, personal injury, loss damage or theft of participant's property or actions which may occur to participant in connection with the Activity arising from either the participant or the District's negligence, or from participant's recklessness or intentional acts;

(B) **I AGREE TO INDEMNIFY and HOLD HARMLESS** the District, for, from, and against any and all losses arising or resulting from participation in or travel to and from this Activity arising from either the participant or the District's negligence, and/or from participant's recklessness or intentional acts;

(C) **THIS WAIVER, RELEASE AND DISCHARGE, AND INDEMNIFICATION SHALL NOT EXTEND TO** the gross negligence or intentional acts of District Parties acting within the scope of their employment.

In the event of an injury to the participant requiring medical attention, I grant permission to the District to attend to the participant. In the event of an injury that requires further medical attention or in an emergency, the District will attempt to contact the names listed below and simultaneously seek further medical treatment for the participant. I agree to accept full responsibility for and to pay the cost of medical care, transportation, and any other incidental expenses arising from the injury.

In the event that the participant is unable to participate in a particular Activity for reasons of health, accident, failure to comply with directions of the leaders in charge, violations of the code of conduct, or for any other reason in the District's reasonable determination, I agree to pick up the participant from a site convenient to the District.

I certify that I have read this contract and that I fully understand its content and that I am the participant's true parent or legal guardian and that I have the authority to sign this document, and that the information below is true and correct.

_____ _____

Signature of Parent/Legal Guardian Date

_____

Print Telephone Number of Parent/Legal Guardian

_____

Emergency Contact Name(s) and Phone Number(s)

*Please provide information about any accommodations needed for any disabilities:

_____