

OAK RIDGE RECREATION & PARKS DEPARTMENT APPLICATION FOR SUMMER 2006 PROGRAMS

A one-time nonresident fee of \$10 per summer per child will be charged for all children's Recreation & Parks Department summer activities.

Please check program(s) and sessions desired.

SUMMER CAMP Fee: \$70 per Week	FIELD TRIPS	FOCUS GROUPS (For campers 10-12 yrs old. \$15 extra fee applies) Please choose only one per week.		
<input type="checkbox"/> Session 1 June 12-16	June 15: TRI-COUNTY ROLL ARENA June 16: LOST SEA	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> Scrapbooking <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Art Center Class "Mono Prints" <input type="checkbox"/> </td> </tr> </table>	Scrapbooking <input type="checkbox"/>	Art Center Class "Mono Prints" <input type="checkbox"/>
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<input type="checkbox"/> Session 2 June 19-23	June 20: TRI-COUNTY ROLL ARENA June 23: BIG RIDGE STATE PARK	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> AMSE Class "Inventions in Land Vehicles" <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Spanish Language <input type="checkbox"/> </td> </tr> </table>	AMSE Class "Inventions in Land Vehicles" <input type="checkbox"/>	Spanish Language <input type="checkbox"/>
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<input type="checkbox"/> Session 3 June 26-30	June 30: EVENTS@SHERLAKE	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> Canoeing <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Scrapbooking <input type="checkbox"/> </td> </tr> </table>	Canoeing <input type="checkbox"/>	Scrapbooking <input type="checkbox"/>
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<input type="checkbox"/> Session 4 July 3-7 (No camp July 4 th)	July 3: PUTT-PUTT July 5: TINSELTOWN USA July 7: KNOXVILLE ZOO	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> Animal Rescue <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Cooking Crew <input type="checkbox"/> </td> </tr> </table>	Animal Rescue <input type="checkbox"/>	Cooking Crew <input type="checkbox"/>
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<input type="checkbox"/> Session 5 July 10-14	July 13: RIPLEYS AQUARIUM	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> Golfing <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Scrapbooking <input type="checkbox"/> </td> </tr> </table>	Golfing <input type="checkbox"/>	Scrapbooking <input type="checkbox"/>
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<input type="checkbox"/> Session 6 July 17-21	July 18: BOWLING July 21: FROZEN HEAD STATE PARK	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> Canoeing <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Nature Club <input type="checkbox"/> </td> </tr> </table>	Canoeing <input type="checkbox"/>	Nature Club <input type="checkbox"/>
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<input type="checkbox"/> Session 7 July 24-28	July 28: TATARU'S GYMNASTICS	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> AMSE Class "Inventions in Land Vehicles" <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Cooking Crew <input type="checkbox"/> </td> </tr> </table>	AMSE Class "Inventions in Land Vehicles" <input type="checkbox"/>	Cooking Crew <input type="checkbox"/>
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<input type="checkbox"/> Session 8 July 31-August 4	August 4: ZUMA FUN CENTER	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"> Golfing <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 2px;"> Art Center Class "Pastel Drawing" <input type="checkbox"/> </td> </tr> </table>	Golfing <input type="checkbox"/>	Art Center Class "Pastel Drawing" <input type="checkbox"/>
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Child's Name: _____ Address: _____

State: _____ Zip: _____ Phone No.: _____ Grade Completed: _____ Date of Birth: _____ Age: _____ Sex: _____

(Must have completed Kindergarten)

CONSENT AND RELEASE FORM

City of Oak Ridge Recreation & Parks Department Summer Programs

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Summer Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I fully understand the risk of injury arising from my child's participation in Recreation and Parks Department Summer Programs and I accept that risk as a part of granting permission for my child's participation. I also grant permission for my child to participate in all field trips planned for the Recreation and Parks Department Summer Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Summer Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Summer Programs.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Summer Programs.

I/We do hereby acknowledge that I/We have received a copy of and have read the Summer Program Policies, and agree to abide by the same policies.

(Signature of parent/guardian)

Date

(Signature of parent/guardian)

Date

Mother's Name:	Phone: (w)	(h)	FOR STAFF USE ONLY:	
Father's Name:	Phone: (w)	(h)	Summer Camp Fee:	
Emergency Contact if parents unavailable:	Phone:	Relationship:	Nonresident Fee:	
Family Physician/Phone: _____ Insurance/Policy #: _____			TOTAL:	
List any medical concerns, known allergic reactions to bee stings, poison ivy, etc. or other special problems concerning your child:			By: _____	
Other important information: (List all people who have permission to pick up your child as well as any other information that has not been covered else where on this form.)				