



Michael S. Purzycki, Mayor

City of Wilmington
Department of Parks & Recreation
Youth and Families Division



Ian Smith, Director

2024 Camp Barnes
Participant Registration Form

Please Select Session

- July 12 -15 (Boys-ages 8-12)
July 19 -22 (Girls-ages 8 -12)

Youth Information

Form with fields for Child's Name, Address, City, State, Zip, DOB, Age, Grade, School, Sex (Male/Female)

Are you presently attending day camp? Yes No
How did you hear about us?

Parent/Guardian Information

Form with fields for Name, Address, City, State, Zip, Hours of Employment, Employer's Name, Address, Home Phone, Work Phone, Cell Phone, Alternative Phone, Email Address

Non-Parent Medical and Emergency Contact Information

Form with fields for EMERGENCY CONTACT #1, Address, City, State, Zip, Relationship, Home Phone, Work Phone, Cell Phone, Alternative Phone

<b>EMERGENCY CONTACT #2</b>				
Address:				
City:		State:		Zip:
Relationship:				
Home Phone:		Work Phone:		
Cell Phone:		Alternative Phone:		

Does child take medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list medications <i>(when and how to administer)</i> :		

Does the child have any medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

Does the child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

I hereby give permission for my child to use the computers, view television, be photographed (marketing) and to take trips and participate in onsite and offsite activities provided. Permission is also given to take my child to the hospital to receive treatment if needed.

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

\_\_\_\_\_  
Date

**THIS INFORMATION CONTAINED IN THIS APPLICATION IS ESSENTIAL FOR THE CHILD'S PROTECTION. PLEASE KEEP THE INFORMATION CURRENT. PERSONS OR GROUPS ENTERING THE CITY'S FACILITIES AND ACTIVITIES MUST ADHERE TO ALL POLICIES SET FORTH BY THE DEPARTMENT OF PARKS AND RECREATION. THE CITY OF WILMINGTON WILL NOT PAY MEDICAL EXPENSES OR ASSUME LIABILITY FOR ANY INJURIES OR DAMAGES SUFFERED BY PARTICIPANTS IN PROGRAMS OR EVENTS.**

**"In accordance with Title VII of the Civil Rights Act of 1964, state and federal law, no person or group shall be excluded from participation, denied any benefits, or subjected to discrimination on the basis of race, color, national origin, age, sex, religion, handicap, and/or disability." General complaints or inquiries should be directed to: Affirmative Action Officer (302-576-2460); and, persons with disabilities may contact 504 Coordinator (302-576-2460), City of Wilmington, Human Resources Department, 4th Floor, 800 French Street, Wilmington, Delaware 19801. TTY is available at 302-571-4568 or 1-800-232-5460.**