



Hallett Center of Crosby 2025 Kidz Kamp Registration Form

Information

Participant Name _____ Male _____ Female _____ DOB ____/____/____ Age _____

What grade will your child be in for the 2025 - 2026 school year? _____

Main Contacts

Is Parent/Guardian a Hallett Center of Crosby Member __ Yes __ No

Is Parent / Guardian a CRMC employee? (must show proof of employment) __ Yes __ No

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Emergency Contact & Phone _____

Child lives with: Mom Dad Both (in same home) Other _____

Primary Address: _____

General Information

CLLB (Cuyuna Lakes Lunch Bunch) is once again offering a free lunch to our campers each day. CLLB cannot accommodate allergies or special requests. We will not know the menu ahead of time and lunches will sometimes contain peanut butter. Please indicate if you would like your child to receive the free lunch.

Yes, free lunch please! **OR** No, my child will bring their own lunch

We have also decided to provide two healthy snacks per day for our campers. Examples of this snack are an apple, granola bar, or equivalent. Please indicate if you would like your child to receive the snacks.

Yes, we would like to have snacks provided **OR** No, my child will bring their own snack

We will be providing our campers with T-shirts this year, for the days they will be out and about. Please circle which size T-shirt your child will be provided.

SM

M

LG

XL

Liability Release

I acknowledge and understand that participating in the selected activity and using the Hallett Center equipment creates a risk of injury for my child. In consideration for participating, I agree to defend and indemnify the Hallett Center, its employees, and agents from all claims for damages arising out of my child's use of Hallett Center and his/her participation in Hallett Center programs. I further waive all claims against the Hallett Center, its employees, and agents for cause of action present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of Hallett Center facilities and equipment. Participants registering hereby permit the taking of photos, audio, and videotape during the Hallett Center of Crosby activities for publication and use as the facility seems appropriate.

Emergency Medical Authorization

I give the Hallett Center of Crosby permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Hallett Center. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I authorize the Hallett Center to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when I cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I will be responsible for payment of medical expenses.

Kidz Kamp Registration

Tuition Policy: All Regular Payments are due on Friday for the upcoming week. If tuition is paid after 12:00 [NOON] on Friday, a \$20.00 late charge will be assessed. A child may be terminated if tuition is two [2] weeks late. Tuition is based on enrollment for each session and will not be pro-rated due to vacation, illness, or weather/ emergency closures. Sick care is not available; it is the parent's responsibility to make alternative arrangements. **Enrollment is based on a per-session basis, meaning payment is owed for every week in the session, regardless of attendance (i.e., absent due to vacation or illness).** 2025 closure date: Friday, July 4th (no tuition required for that day).

Running Late? Your child must be picked up no later than 5:00 PM. We do offer late pick up until 5pm and drop off early as 7am for an extra \$10 a week, but if you are here outside of that time frame there will be additional fees: \$5 if 1-5 minutes outside of extended hours; \$15 if 6-10 minutes; \$25 if 11-15 minutes. Please also let us know in advance if you will be utilizing early drop off / late pick up. ***Families that drop their child off late and/or early without paying the additional fee will be invoiced the following week.***

<u>Prices per Week</u>	<u>First Child</u>	<u>Additional Child</u>	<u>Early Drop-Off/Late Pick-Up</u>
Member	\$200	\$165	\$40 per session
Non-Member	\$215	\$175	\$40 per session
CRMC <i>with proof of employment</i>	\$100	\$83	\$40 per session

(Circle your registration type above.)

If you would like a card on file, fill out the card's information below (not required)

Credit Card Authorization	Name on Card:	
Card Number:	Exp:	/
Billing Zip Code:	CVV:	

I consent to The Hallett Center of Crosby charging my card listed above based on the billing cycle I have indicated on the next page. All payments are due on Friday for the upcoming week(s).

X _____

Signature of Card Owner

Date

Please check how you would like to be billed, if you would like early drop off or late pick up, for which session(s) your child will be attending. Prices listed below are for tuition per bill. If adding early/late pick up, fees are due at time of registration.

Session 1		June 2-27	Member	Non-Member	CRMC
Pick one	<input type="checkbox"/>	Weekly	\$200	\$215	\$100
	<input type="checkbox"/>	Bi – Weekly	\$400	\$430	\$200
	<input type="checkbox"/>	Full Session	\$800	\$860	\$400
	<input type="checkbox"/>	Early / Late Fee	\$40	\$40	\$40

Session 2		June 30 – July 25	Member	Non-Member	CRMC
Pick one	<input type="checkbox"/>	Weekly	\$200	\$215	\$100
	<input type="checkbox"/>	Bi – Weekly	\$400	\$430	\$200
	<input type="checkbox"/>	Full Session	\$800	\$860	\$400
	<input type="checkbox"/>	Early / Late Fee	\$40	\$40	\$40

Session 3		July 28 – Aug 22	Member	Non-Member	CRMC
Pick one	<input type="checkbox"/>	Weekly	\$200	\$215	\$100
	<input type="checkbox"/>	Bi – Weekly	\$400	\$430	\$200
	<input type="checkbox"/>	Full Session	\$800	\$860	\$400
	<input type="checkbox"/>	Early / Late Fee	\$40	\$40	\$40

Do you have an additional child you are enrolling in KK? (Will have to do a separate registration form per child, this is for billing purposes only, for additional children see pricing on previous pg.)

Yes, I am enrolling 2 children in KK

No, I am only enrolling 1 child in KK

Did you pre-register?

Yes, apply my deposit today

No

Total Paying today: _____ (first week at minimum and early/late fee(s) due)

Guardian Signature for Kidz Kamp Program

X _____
Signature of Parent or Guardian Date

Office Use Only

Payment Received \$ _____

Date Received _____

Staff Initials _____

Health History

Please check the appropriate answer to the following questions:

1. Does your child have allergies? * Yes No
2. Does your child have diet restrictions? Yes No
3. Can your child participate in all activities? ** Yes No
4. Is your child taking medication? *** Yes No
5. Are you taking your child off any medications? Yes No

If Yes, please explain: _____

**Participants with life threatening allergies requiring an accommodation maybe required to provide medical clearance documentation. Failure to comply may result in delay of participation.*

***If your child requires an ADA accommodation for their successful inclusion, please be sure to make a note of that on this form and provide a diagnosis and any other helpful information. Contact will be made with you from the Camp Coordinator.*

****If you child is taking medication please complete and submit the Permission to Dispense Medication Waiver / Release of ALL Claims Form and the Instructions for Dispensing Medication form.*

Has your child had:

- | | | | |
|----------------------------|--|---|--|
| 1. Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Recent injury, illness or infectious disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Chronic or recurring illness/condition | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. German Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Heart defect/disease/murmur | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Eating disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Hepatitis A/B/C | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Diarrhea/constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Mononucleosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Wear glasses/contacts/protective eye wear | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Frequent ear infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Orthodontic appliance (e.g., retainer) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Hypertension (high blood pressure) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Emotional difficulties for which professional help was sought | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Seizures/convulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Dizzy/passed out after physical activity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Skin Problems (itching rash, acne) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Head injury/concussion | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

How would you describe your child's personality? _____

What can you share about your child to help us ensure a positive experience at camp? _____

What activities does your child enjoy? _____

What does your child dislike? _____

What does your child struggle with? _____

X _____
Signature of Parent or Guardian Date

Hallett Center of Crosby

Parent / Guardian Agreements

1. The Hallett Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the Hallett Center.
2. The parent/guardian agrees to inform the Hallett Center within 24 hours or the next business day after their child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. My child has permission to participate in Hallett Center swimming activities; including but not limited to pools and water slide. I understand that there may not be a lifeguard present.
4. The parent/guardian authorizes the application of sunscreen and/or insect repellent and/or hand sanitizer supplied by the Hallett Center for his/her child by Hallett Center staff. I agree to supply a spray bottle of sunscreen and/or insect repellent and/or hand sanitizer with my child's name on it and that it will only be applied to the child whose name is on the bottle.
5. I understand that it is my responsibility to have my child picked up from camp following the camps hours and/or designated extended hours when applicable. I am aware that if I am not able to pick up my child, ward, or family member, I will arrange for an authorized adult to pick up my camper. I understand that if either myself or authorized adults pick up my child from camp, the Hallett Center will do everything deemed reasonable to get in contact with myself, or authorized adult, to arrange pick up. If the parent, or authorized adult, is not reached within 30 minutes of camp ending, the Hallett Center will request the assistance of the Crosby Police Department. If child is consistently left past pick-up times, a fee may be added, or participation may be terminated.
6. I have received the participation information handbook and understand that it is my responsibility to read and understand/be aware of ALL policies including Code of Conduct, Behavior Management, and Camp Absence forms as outlined in the Participant Handbook.

Swimming Ability:

Non-Swimmer
(unable to swim/no swim instruction)

Beginner
(limited swim instruction)

Intermediate
(average swimming ability)

Advanced
(skilled swimmer)

X

Signature of Parent or Guardian

Date

Hallett Center of Crosby

Kidz Kamp • Pool and Waterfront • Park Playground • Off-Site Activities

Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of the Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge the Hallett Center, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that being in the water/waterfront, playground, and off-site activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Hallett Center employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. Instructors may give inadequate warnings or instructions, and the equipment used might malfunction. I am aware that while there will be Hallett Center staff supervision, it does not necessarily mean a lifeguard will be present during water activities.

2. I expressly agree and promise to accept and assume all the risks existing in these activities. My child's participation in these activities is voluntary and may elect to participate despite the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Hallett Center from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my child's use of Hallett Center equipment or facilities, including any such claims, which allege negligent acts or omissions of Hallett Center.

4. Should the Hallett Center or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to my child. I further certify that my child has no medical or physical conditions, which could interfere with their safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, on the basis of any claim from which I have released him or her herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participants Name (printed) _____

Parent Name (printed) _____

X _____

Signature of Parent or Guardian

Date

Kidz Kamp Camper Behavior Contract

This contract between Kidz Kamp/The Hallett Center and _____ begins on June 2, 2025. This contract was developed together by Joe McLaughlin, General Manager and Karen Sharpe, Program Manager.

Please read the following out-loud with your child to ensure they understand Kidz Kamp policies:

Repeated instances of the first seven policies, listed below, will result in a phone call from our Program Supervisor or Intern to notify parents of the behavior concern. Excessive, inability or unwillingness to follow these policies may result in a camper being sent home from the program for the day.

- I will listen to staff and follow directions when asked the first time.
- I will respect other peoples' belongings by not touching them or using them without permission.
- I will respect other peoples' personal space by keeping my hands and feet to myself.
- I will respect other peoples' feelings by having a positive attitude while speaking to them and leaving them alone if asked.
- I will use my indoor voice when inside.
- I will use appropriate language while at camp and avoid all name calling.
- Any other incident that occurs that is deemed inappropriate camp behavior by a counselor or Hallett staff member.

Failure to follow the two policies below will result in campers being sent home for the day and require pickup within 60 minutes of a call home.

- I will not hit, bite, fight, or bully other campers.
- I will not engage in acts or threats of aggression or violence towards campers and staff.

Not abiding by these rules may result in time-outs, behavior reports or removal from the program.

Repeated instances will result in the following:

1st instance: Verbal Warning and Note Home

2nd instance: Camper Suspension without refund for all paid sessions.

Signature of Child _____ Date _____

Signature of Parent/Guardian _____ Date _____

Kidz Kamp Pick-Up Approval Signature Form

In the space below, please indicate who is allowed to pick up your child from Kidz Kamp. At the time of pick-up, a valid photo ID must be shown to the check-out staff to have the child released. We will not release children to individuals not depicted on this form, so please list anyone that may be involved in pick-ups! Please print first and last names clearly.

I, _____ authorize the persons listed above to pick up my child from Kidz Kamp in the 2025 Season. This agreement is valid upon the start of first session, June 2, 2025. This agreement is considered void upon the commencement of the third session on August 22, 2025.

Signature: _____ Date: _____

Kidz Kamp Photo Release Form

Dear parents,

Crosby Ironton Courier may be present at some Kidz Kamp outings and library events to promote them to the public. They wish to publish a few photos of the events, however Kidz Kampers will be intermingled in the photos. Please read the statement below and indicate whether your child's photo is allowed to be published.

I, _____, the parent or legal guardian of _____ (Child) grant permission to The Crosby Ironton Courier, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Kidz KAMP for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by The Crosby Ironton Courier. I hereby release Kidz Kamp and the Crosby Ironton Courier and its legal representatives from liability for any violation or claims relating to said images or video.

Furthermore, I grant permission to use the statements of my child given during an interview or evaluation with or without their name for the purpose of advertising and publicity. I waive my rights, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

OR

No, I do not want my child's photograph published in the *Crosby Ironton Courier*.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Child's Name: _____

Dispense Medication Waiver / Release of All Claims

****Only fill out if we need to dispense medication****

The Hallett Center of Crosby will not dispense medication to a minor child or other participants until Permission to Dispense Medication Waiver, Release of All Claims form and Instructions for Dispensing Medication form have been completed by a parent or guardian.

Permission to Dispense Medication Waiver / Release of All Claims

I, (please print your name) _____, the Parent/Guardian of (please print name of child attending), _____ give permission to the Hallett Center of Crosby program staff to administer to my child the medication(s) listed below. **I understand that it is my responsibility to give the medication directly to a Hallett Center Manager or the Camp Intern with full instructions in its original prescription bottles. Medications not in their original prescription bottles/containers will NOT be administered regardless of parental permission or request.**

In all cases, medication dispensing can only be changed or modified by completing another permission to *Dispense Medication waiver / Release of All Claims form and Instructions for Dispensing Medication* form. I hereby acknowledge that the above information for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Hallett Center of Crosby of any changes in the dispensing of medication.

If after administering medication there is an adverse reaction, I give permission to the Hallett Center staff to secure from any licensed hospital physician and/or medical personnel and treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer medication, failing to observe side effects, failing to access and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Hallett Center Staff administering medication to my minor child, I do hereby fully release or discharge the Hallett Center of Crosby and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

X _____
Signature of Parent or Guardian Date

Instructions for Dispensing Medication

THIS FORM MUST BE COMPLETED FOR EACH SESSION OR WHEN MEDICINE CHANGES

Name of Program _____

Name of Participant _____ Age _____

Address _____

Name of Parent/ Guardian _____

Daytime Phone _____ Other Phone _____

Name of Doctor _____ Phone _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Other Consideration (nervousness, change in temperament, etc.) _____

I understand that it is my responsibility to give the medication directly to a Hallett Center Manager or the Camp Intern with full instructions in its original prescription bottles. Medications not in their original prescription bottles/containers will NOT be administered regardless of parental permission or request. In all cases, medication dispensing can only be changed or modified by completing another, permission to *Dispense Medication Waiver/Release of All Claims* form and *Instructions for Dispensing Medication* form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, ward, or family member is accurate. I also understand that it is my responsibility to inform the Hallett Center staff of any changes in the dispensing of medication.

X _____
Signature of Parent or Guardian Date