



# Riegel Ridge Summer Camp 2024 Application

**This registration must be completed and returned with payment for your camper to be registered.**

**Please Print Clearly**

## Camper Information:

**\*ALLERGY ALERT - Please list your camper's allergies:  
including food, medications & environmental.**

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**\*MEDICATION ALERT - Please list your camper's  
medications.**

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*\*Detailed section in Health History*

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_ **Fall 2024 Grade:** \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: **Required-This is our primary source of communication** (used for RRCC communication only)

T-Shirt Size (please check only one): ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL

Swim Level: ☐ Beginner ☐ Intermediate ☐ Advanced

How did you hear about our Camp: ☐ School ☐ Friend ☐ Website ☐ RRCC ☐ Brochure

☐ Other: \_\_\_\_\_

## Parent/Guardian #1 Information: (check box of preferred contact)

☐ Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different from camper): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Parent/Guardian #2 Information:

☐ Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different from camper): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Information (other than parent/guardian):**

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Acceptable Pick-Up Authorizations (other than parent/guardian):**

1. Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(In the event of an emergency, parents will be contacted. If not available, other individuals on the emergency contact/pick list will be contacted.)

**The Following Individual is NOT allowed to pick up my camper(s):**

1. Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

# 2024 HEALTH INFORMATION

Camper's Name: \_\_\_\_\_

Does your camper have any allergies? Please list allergies and what type of reaction.

Does your camper have an epi-pen? ☐ YES ☐ NO (If yes, RRSC must be provided with it)

**Is your camper on any medication(s)?**

☐ **Does not** take any medication (prescription or non-prescription), vitamins or herbal supplements prior to arriving at camp.

☐ **Does** take any medication (prescription or non-prescription), vitamins or herbal supplements prior to arriving at camp.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

**Past Medical Emergencies of Camper that may affect them during their time at Summer Camp.**

Date: \_\_\_\_\_ Treated for: \_\_\_\_\_

Date: \_\_\_\_\_ Treated for: \_\_\_\_\_

Any dietary restrictions? Please list.

Any chronic/recurring illness or medical conditions? Please list/explain.

In order for our staff to ensure your camper has a happy, meaningful experience at our Camp, please share any special needs your child may have. (i.e. disabilities, limitations, etc.)

# 2024 HEALTH INFORMATION

Do you carry family medical/hospital insurance? ☐ YES ☐ NO

Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

I choose **not** to disclose my insurance information (**signature required**) \_\_\_\_\_

I attest that all immunizations for school are up to date and the date of last received Tetanus shot is \_\_\_\_\_

I choose **not** to immunize my child (**signature required**) \_\_\_\_\_

I hereby give the RRCC Summer Camp permission to administer the following OTC medications if the Camp Nurse deems it necessary. Dosages will be administered according to directions on the original container, unless a physician directs otherwise (**please check which apply**).

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Acetaminophen ( <b>Tylenol</b> )                                   | <input type="checkbox"/> Sore throat spray                               | <input type="checkbox"/> Aloe            | <input type="checkbox"/> Cough drops                       |
| <input type="checkbox"/> Antihistamine/allergy medication                                   | <input type="checkbox"/> Antibiotic cream                                | <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Ibuprofen ( <b>Advil/Motrin</b> ) |
| <input type="checkbox"/> Pepto Bismol   | <input type="checkbox"/> Robitussin                                      |  |  |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine ( <b>Benadryl</b> ) | <input type="checkbox"/> Pseudoephedrine decongestant ( <b>Sudafed</b> ) |  |  |
- ☐ **Summer Camp staff has permission to apply sunscreen**
- ☐ **Summer Camp staff DOES NOT HAVE permission to apply sunscreen**

## Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health records from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent/Guardian Information - Policies & Procedures Signature Page

Please **initial each line** and provide a signature.

**Your camper will not be registered without this page.**

Please download the Riegel Ridge Summer Camp Parent Handbook from our website, [www.riegelridgecc.org](http://www.riegelridgecc.org) or pick up a copy from the Fitness Center. The handbook contains important information to make your camper's experience a positive one.

\_\_\_\_\_ I have read and understand or know where to download the Parent Handbook online at [www.riegelridgecc.org](http://www.riegelridgecc.org).

\_\_\_\_\_ I understand that each camper and parent must cooperate and accept camp rules and guidelines. Inappropriate behavior may involve disciplinary action by the camp supervisor and/or dismissal from camp. If a camper is dismissed for inappropriate behavior camp fees are **NON-REFUNDABLE**.

\_\_\_\_\_ **I HAVE READ AND UNDERSTAND THE REFUND/CANCELLATION POLICY.**

\_\_\_\_\_ There are **NO REFUNDS**.

\_\_\_\_\_ There are **NO REFUNDS** for behavior issues or removal from camp.

\_\_\_\_\_ **If your camper chooses not to attend a Mini Camp or Field Trip for which he/she is registered, NO REFUND will be given.**

\_\_\_\_\_ Medical conditions may qualify for a refund at the discretion of the Director, less a \$50 administration fee.

\_\_\_\_\_ If a scheduled Mini Camp or Field Trip is **cancelled by the Riegel Ridge Summer Camp**, a refund will be issued.

\_\_\_\_\_ Once your camper is registered, there will be a \$10 fee to switch weeks.

I hereby enroll my child in the Riegel Ridge Summer Camp Program and I:

- Grant permission for my child to participate in all camp activities.
- Understand I must complete and return medical forms required by law before the start of camp.
- Understand that I must supervise my child at drop off until he/she is checked in with their counselor.
- Understand that if I sign my camper up for a field trip & a specialty camp in the same week, they may miss some or all of the day of specialty camp due to return time of field trip.
- Understand that attending a parent information meeting is strongly recommended and will read the camp policies and procedures as explained in the parent packet.
- Understand that there is an additional fee of \$5 for every 10 minutes before/after the designated drop off/pick up time.
- Understand that electronics and cellphones **are not** permitted and will be confiscated and returned at the end of the day.
- Give permission to use any pictures taken of my child during participation at camp for RRCC promotional purposes. Photographs may be placed on the internet web page, brochure or flyers to promote our program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAMPERS FULL NAME \_\_\_\_\_

CAMPERS FULL NAME \_\_\_\_\_

Current Grade: \_\_\_\_\_ Fall 2024 Grade: \_\_\_\_\_

☐ Holland Resident ☐ Non-Resident

### CAMP WEEK OF REGISTRATION 9am-4pm

|   |   |   |  |   |   |  |   |
|---|---|---|--|---|---|--|---|
| Week 1<br>6/17-6/21<br><input type="checkbox"/> | Week 2<br>6/24-6/28<br><input type="checkbox"/> | Week 3<br>7/1-7/5<br><input type="checkbox"/> | Week 4<br>7/8-7/12<br><input type="checkbox"/> | Week 5<br>7/15-7/19<br><input type="checkbox"/> | Week 6<br>7/22-7/26<br><input type="checkbox"/> | Week 7<br>7/29-8/2<br><input type="checkbox"/> | Week 8<br>8/5-8/9<br><input type="checkbox"/> |
|---|---|---|--|---|---|--|---|

### BEFORE CARE 7am-9am

|   |   |   |  |   |   |  |   |
|---|---|---|--|---|---|--|---|
| Week 1<br>6/17-6/21<br><input type="checkbox"/> | Week 2<br>6/24-6/28<br><input type="checkbox"/> | Week 3<br>7/1-7/5<br><input type="checkbox"/> | Week 4<br>7/8-7/12<br><input type="checkbox"/> | Week 5<br>7/15-7/19<br><input type="checkbox"/> | Week 6<br>7/22-7/26<br><input type="checkbox"/> | Week 7<br>7/29-8/2<br><input type="checkbox"/> | Week 8<br>8/5-8/9<br><input type="checkbox"/> |
|---|---|---|--|---|---|--|---|

### AFTER CARE 4pm-6pm

|   |   |   |  |   |   |  |   |
|---|---|---|--|---|---|--|---|
| Week 1<br>6/17-6/21<br><input type="checkbox"/> | Week 2<br>6/24-6/28<br><input type="checkbox"/> | Week 3<br>7/1-7/5<br><input type="checkbox"/> | Week 4<br>7/8-7/12<br><input type="checkbox"/> | Week 5<br>7/15-7/19<br><input type="checkbox"/> | Week 6<br>7/22-7/26<br><input type="checkbox"/> | Week 7<br>7/29-8/2<br><input type="checkbox"/> | Week 8<br>8/5-8/9<br><input type="checkbox"/> |
|---|---|---|--|---|---|--|---|

### MINI CAMPS

|  |   |   |   |
|--|---|---|---|
| Pickleball<br>5 <sup>th</sup> -Teen<br>Week 1<br>6/17-6/21<br>\$30<br><input type="checkbox"/> | Future Chefs<br>K-2 <sup>nd</sup><br>Week 4<br>7/8-7/12<br>\$70<br><input type="checkbox"/> | Pickleball<br>3-5 <sup>th</sup><br>Week 4<br>7/8-7/12<br>\$30<br><input type="checkbox"/> | Future Chefs<br>3 <sup>rd</sup> -5 <sup>th</sup><br>Week 8<br>8/5-8/9<br>\$70<br><input type="checkbox"/> |
|--|---|---|---|

### FIELD TRIPS (separate permission slip required) THERE WILL BE NO REFUNDS FOR FIELD TRIPS

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| Oakwood Lanes<br>Week 2<br>4 <sup>th</sup> & Up<br>6/27<br>Thursday<br>\$25pp<br><input type="checkbox"/> | Jimmy's<br>Week 3<br>ALL GRADES<br>7/3<br>Wednesday<br>\$25pp<br><input type="checkbox"/> | Laser Tag<br>Week 4<br>4 <sup>th</sup> & Up<br>7/10<br>Wednesday<br>\$55pp<br><input type="checkbox"/> | Dart Warriors<br>Week 6<br>2 <sup>nd</sup> & Up<br>7/24<br>Wednesday<br>\$30pp<br><input type="checkbox"/> | Jimmy's<br>Week 7<br>ALL GRADES<br>7/31<br>Wednesday<br>\$25pp<br><input type="checkbox"/> | Oakwood Lanes<br>Week 8<br>1 <sup>st</sup> -4 <sup>th</sup><br>8/8<br>Thursday<br>\$25pp<br><input type="checkbox"/> |
|---|---|--|--|--|--|

Swim Lessons \*\*\* SEPARATE REGISTRATION FORM REQUIRED \*\*\*