



# HIGH POINT PARKS AND RECREATION

## DEEP RIVER

## TEEN TIME: LEADERSHAPE

**FOR RISING 6<sup>TH</sup>-10<sup>TH</sup> GRADERS**

**Our very special summer day camp program  
is designed with your child in mind!**

Sure you want your children to enjoy their summer vacation, but you also want to know they are safe and secure while having fun as they make new friends and gain new skills.

Our enrichment programs provide group and individual games and athletic activities, arts and crafts, new experiences, field trips, special events, and much more! Most important, our counselors are chosen for their responsibility, energy, patience and concern for your child's welfare. Our skilled staff is professionally trained and eager to help your children meet their richest potential.



### **REGISTRATION**

**For 2010-2011 After School Members: March 21 – April 1**

**For 2010 Summer Day Camp Members: March 21 – April 1**

**Open Registration: April 4**

**During operational hours at all centers**

**Registration will be taken according to the registration schedule.**

The first week's fee, Immunization form and a completed application are required for registration of each LEADERSHAPE Camp member. Participation is limited.

Follow us on  
Facebook!

High Point Parks &  
Recreation, NC



**A waiting list will be taken for weeks that reach maximum enrollment.**

**[www.highpointnc.gov/pr](http://www.highpointnc.gov/pr)**

## **ABOUT THE LEADERSHAPE SUMMER DAY CAMP FACILITY....**

The program also utilizes many City parks, tennis courts, softball/soccer fields, pools and playground areas.

### **DEEP RIVER RECREATION CENTER**

**1529 SKEET CLUB ROAD**

**Phone: 883-3407**

**Days/Time: Monday-Friday, 7:30am-6:00pm**

**Rising 6<sup>th</sup>-10<sup>th</sup> Graders**

**\$65.00 per week**

**Activity Fees Additional**

**LUNCH:** Parents are responsible for lunch and snacks. Please do not bring food items requiring microwave heating or refrigeration. Snack machines containing crackers, chips, drinks, etc., ranging from .50-\$1.25 is available. Please bring correct change.



**CLOTHING:** Members should wear clothing suitable for camp activities. *Tennis shoes are required.* Campers should not wear open-toed shoes except on swimming days. One-piece bathing suits and towels will be needed on swimming days (not everyday). LEADERSHAPE members' names should be written on all items brought to camp.



**DO NOT BRING** valuables such as electronic games, radios, jewelry, etc. Money should be kept on person or in a secure place. High Point Parks & Recreation will not be held responsible for lost, stolen or damaged personal items.

### **Cell phones are not allowed**

**FEES:** One week's fee for all children will be due at time of registration. Weekly fees are due on the Friday preceding the camper's attendance. When registering, be sure of the weeks that LEADERSHAPE members plan to attend. If you find that your child will be unable to attend during any week checked, you must notify the LEADERSHAPE Director in writing five business days in advance. Failure to do so will result in the regular weekly charge for your child(ren). If an emergency arises and your child(ren) will not be attending LEADERSHAPE as planned, you must notify the LEADERSHAPE Director as soon as possible. You may be required to provide proof of any such emergency.

A \$5 late charge per child will be charged for every 15 minutes after the designated pickup time children remain at the Center. In the event of an emergency, a phone call to the LEADERSHAPE Director before 6:00pm would be appreciated. **A phone call does not eliminate the late fee.**



# THE LEADERSHAPE APPLICATION 2011 Deep River Recreation Center

Please check week(s) you plan to attend:

- |   |  |
|---|--|
| <input type="checkbox"/> WEEK 1: June 13 – 17     | <input type="checkbox"/> WEEK 6: July 18 - 22    |
| <input type="checkbox"/> WEEK 2: June 20 - 24     | <input type="checkbox"/> WEEK 7: July 25 - 29    |
| <input type="checkbox"/> WEEK 3: June 27 – July 1 | <input type="checkbox"/> WEEK 8: August 1 - 5    |
| <input type="checkbox"/> WEEK 4: July 5 – 8 **    | <input type="checkbox"/> WEEK 9: August 8 - 12   |
| <input type="checkbox"/> WEEK 5: July 11 - 15     | <input type="checkbox"/> WEEK 10: August 15 - 19 |

Be sure the weeks you plan to attend are checked. You must notify the LEADERSHAPE Director, in writing, of cancellations at least five business days in advance to avoid the weekly charge per child.

**\*\* Depending upon registration numbers, we reserve the right to cancel the program for the week of July 5 only.**

Participant's Full Name	Birth Date	Age	Grade (2011-12 School Year)/School
Home Address	City	Zip	T-Shirt size
Mother's Name	Home Phone	Employer	Work Phone/Pager/Cell
Father's Name	Home Phone	Employer	Work Phone/Pager/Cell
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	

Person(s) Authorized To Pick Up Child(ren) Other Than Parents:

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Are there any physical/emotional conditions, special needs, medications, or any other general information about which we need to be informed?  No  Yes

If yes, please explain \_\_\_\_\_

**Photographic Consent:**  I do  I do not give permission to have my child appear in any media coverage approved by the High Point Parks & Recreation Department. I understand that the Facility Director, in conjunction with the Recreation Supervisor, has been given the authority to determine appropriate requests.

I have received a copy of the LEADERSHAPE registration packet and agree to adhere by it.

**Wavier:** I certify that my child(ren) is/are able to participate and hereby give my approval for the above-named Child(ren) to participate in any and all LEADERSHAPE activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the High Point Parks & Recreation Department, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby release authorization for medical treatment.

Parent Signature/Date: \_\_\_\_\_  
**One Week's Fee Must Accompany Complete LEADERSHAPE Application**

## General Record and Statement of Child's Health For Admission to Child Day Care Facility - 2011

**Instructions:** This form is to be completed for each child at the time of enrollment in the child day care facility and maintained on file at the facility.

General information to be completed by parent or guardian only.

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

**Name of Person(s) Responsible if parents are unavailable:**

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

Address: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

Is child currently enrolled in school?     Yes     No

Name of Family Physician or Health Resource \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

**(OVER PLEASE)  
(Health Information on Other Side Must Be Completed)**

**HEALTH INFORMATION: (COMPLETED BY PARENT OR GUARDIAN ONLY)**

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS SUCH AS ALLERGIES, ASTHMA, DIABETES, EPILEPSY, ETC., AND OR TAKES THE FOLLOWING MEDICATIONS ON A REGULAR BASIS.

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ADDITIONAL COMMENTS: \_\_\_\_\_

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**CERTIFICATE OF IMMUNIZATION ATTACHED:**     Yes     No

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE \_\_\_\_\_ (Name of Child) IS IN GOOD MENTAL AND PHYSICAL HEALTH AND ABLE TO PARTICIPATE IN THE CHILD CARE PROGRAM AT \_\_\_\_\_ (Name of Facility)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PARENT(S) OR GUARDIAN(S)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
DIRECTOR/OR STAFF

**PARENTAL CONSENT FOR MEDICATION**

**To be used on an as need basis. One form for each medication.**

We, the undersigned parents/guardians of the below named child, request that the medication we have delivered to the named facility be administered in the following manner:

**The medication was delivered to the above named facility in the original container and was prescribed by:**

Physician's name: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Date Received at facility: \_\_\_\_\_

Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time last dose was administered by parent: \_\_\_\_\_ am or pm (circle one)

Time medication is to be administered by staff: \_\_\_\_\_  
(Be specific: Ex. Immediately following lunch, 12:00 noon, prior to outdoor activity, etc.)

Days medication is to be given: \_\_\_\_\_

Date Administered	Staff's Name	Time Medication Given	Dosage Given