

**Winston – Salem Recreation & Parks  
Extended Camp for Remote Learning  
Registration 2020  
\$25/week**

**Recreation Center**

Recreation Center Name: \_\_\_\_\_

**Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Is your child allergic to anything?  No  Yes If yes please list: \_\_\_\_\_

Does the participant have a one on one worker that will attend?  No  Yes

**Emergency Contact**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

**Permission for Pick-Up (Must be older than 16 with ID)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Liability Waiver:** My child is participating in the indicated program and I release, absolve, clear, hold harmless and waive the responsibility of the City of Winston-Salem, Recreation and Parks Department, Staff and Volunteers of risks and hazards incidental to the implementation of this program.

**Photo Waiver:** By participating in this public program, the participant (parent/guardian) acknowledges and gives permission for his/her (child/dependent) image/likeness to appear in group photos used by WSRP in promotional material (printed and/or social media).

I have received and acknowledged the Out of School Parent Handbook policies:  YES  NO

Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

# Winston – Salem Recreation & Parks Medication Form

## Participant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that the Winston-Salem Recreation & Park's Department discourages the administration of medications at camps unless it is necessary for the health of the camper. No medication will be administered to a child without the written order of a licensed physician or dentist and permission of the parent/guardian. **Medication must be clearly labeled with child's name, dosage amount, and in original container.** No injections will be given except in extreme emergency (allergy to wasp, bee, etc.)

**Parents/Guardians are strongly encouraged to  
administer medications at home before or after camp.**

Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

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## **MUST BE COMPLETED BY PHYSICIAN**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_ Begin/End Date: \_\_\_\_\_

Medication type: Tablet Capsule Liquid Ointment Inhalant Other: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Frequency: \_\_\_\_\_

Precautions/Side Effects/Comments: \_\_\_\_\_

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Physician Signature

Date

Phone Number

# Winston – Salem Recreation & Parks One on One Assistant Form

One on One Assistant Form is required for any personal assistant providers that will attend programming with a participant as a part of the clients activities of daily living goals.

## Worker Information

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

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Agency Information

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

Supervisor's Name: \_\_\_\_\_

Agency Contact Number: \_\_\_\_\_

## Worker Information

Indicate days and hours working with participant:

	Start Time	End Time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

## Worker Expectations

- Remain with participant at all times
- Encourage participant to engage in all activities
- Assist participant in all activities and arts & crafts
- Help participant remain focused and on task with the rest of the group
- Be on time and participant be on time to programs and fieldtrips
- Provide transportation to and from field-trips
- Remain on site and in the same room with participant

One on One Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

One on One Signature \_\_\_\_\_

**Winston – Salem Recreation & Parks**  
**ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Winston-Salem (the “City”) has created new protocols and put in place preventative measures to reduce the spread of COVID-19. However, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase the risk that you or your child(ren) contract COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending City-sponsored programming and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at this City program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City officers, agents, and employees, other volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at this City program. On my behalf, and on behalf of my child(ren) and our heirs, assigns, and personal representative, I hereby release, covenant not to sue, discharge, and hold harmless the City and its officers, agents, employees, and representatives and other participants, sponsoring agencies, sponsors, advertisers, and (if applicable) the owners and lessors of the premises used, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City and its officers, agents, employees, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program. I understand and agree that my child(ren) shall not be considered employees, agents, or representatives of the City and shall not be entitled to employee benefits of any kind. This waiver shall be governed by and construed in accordance with the laws of the State of North Carolina. This waiver represents the entire understanding and agreement between the parties. This waiver cannot be amended or modified except by another written document duly signed and executed by the City and the undersigned.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: \_\_\_\_\_

Participant’s Birthdate: \_\_\_\_\_

Signature of Participant:  
(if Participant is at least 18 years old) \_\_\_\_\_

Name of parent/guardian:  
(if Participant is under age 18) \_\_\_\_\_

Signature of parent/guardian:  
(if Participant is under age 18) \_\_\_\_\_

Today’s Date: \_\_\_\_\_

**Winston – Salem Recreation & Parks**  
**MORNING DROP OFF HEALTH SCREENING QUESTIONNAIRE**  
**AND DAILY ATTENDANCE SHEET**

Do you or anyone in your household, including any of the children you are dropping off today, have a fever <sup>1</sup> , cough, shortness of breath/difficulty breathing, chills, new loss of taste or smell, vomiting, or diarrhea?	Yes	No
<p>Have you or anyone in your household, including any of the children you are dropping off today, experienced any of the following since the last time you were here?</p> <ul style="list-style-type: none"> <li>• Had any of the above-mentioned symptoms?</li> <li>• Been in contact with anyone with the above-mentioned symptoms?</li> <li>• Potentially been exposed<sup>2</sup> to COVID-19 or have reason to believe you/they have COVID-19?</li> </ul>	Yes	No
Have your child that is attending today received any fever-reducing medication in the last 24 hours?	Yes	No
Does your child need more care than staff can provide without compromising the health and safety of other children?	Yes	No

Name of Participant: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Sign In Time/Date: \_\_\_\_\_

<sup>1</sup> Fever is determined by a thermometer reading of 100.4 degrees Fahrenheit or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, and not eating or drinking.

<sup>2</sup> Exposure is sharing a household or having close contact with anyone with COVID-19 or has symptoms of COVID-19.

August 14, 2020

Parents:

Below is the latest Executive Order from Governor Cooper:

**Cloth Face Coverings:** There is growing evidence that wearing face coverings can help reduce the spread of COVID-19, especially for those who are sick but may not know it. Cloth face coverings are not surgical respirators (N-95), or other medical personal protective equipment. Summer Day Camps and programs serving children and teens are required to:

- Have all workers, all other adults, and children eleven years or older on site wear a face covering when they are or may be within six (6) feet of another person, unless the person (or family member, for a child) states that an exception applies.

It is recommended that Day Camps and programs serving children and teens:

- Require cloth face coverings for staff, other adults, and children eleven (11) years or older and ask them to launder using hot water and high heat dryer between uses
- Consider cloth face coverings for campers between the ages of two (2) and ten (10) years old if it is determined they can reliably wear, remove, and handle masks following CDC guidance throughout the day. Individuals should be reminded frequently not to touch the face covering and to wash their hands.

Cloth face coverings should NOT be placed on:

- Children under the age of two (2);
- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance; or
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

I give permission for my child \_\_\_\_\_, age \_\_\_\_\_

\_\_\_\_\_ Not to wear a mask at camp

\_\_\_\_\_ To wear a mask at camp except during feed and outside where 6' of social distancing can be maintained

Parent Name (Print) \_\_\_\_\_

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