

**Bayou Vista Community Center  
Camp Registration Form**



RECREATION DIST. 3

**Child #1**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Birth Cert \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Child #2**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Child #3**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Child #4**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child (a copy of their ID Card will be kept on file):

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

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**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? If more than one child, please request another form.

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child have any accommodations or special needs?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

If yes, do they need a parent/guardian in attendance to perform activities?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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

**Deposit:**

**\$50.00** The deposit is due at the time of camp registration. This deposit will be put towards camp tuition.

**SUMMER CAMP TUITION & PAYMENT:**

Payment options available – cash, check, or credit card (credit card fee will be charged).

**If a camper's tuition is not paid, they will not be able to attend camp.**

**Please select from the following payment options:**

- **Weekly sessions from June 2 – July 25**
- **Session days and time: Monday thru Friday / 8am – 12p.m.**
- **Drop-off no earlier than 7:45 / Pickup no later than 12:15 p.m.**

**JUNE AND JULY SESSIONS: **CLOSED JUNE 19<sup>TH</sup> AND JULY 4<sup>TH</sup>****

- All 8 weeks \$325.00 Total: \_\_\_\_\_

**JUNE SESSION ONLY: **CLOSED JUNE 19<sup>TH</sup>****

- All 4 weeks \$175.00 Total: \_\_\_\_\_

**JULY SESSION ONLY: **CLOSED JULY 4<sup>TH</sup>****

- All 4 weeks \$175.00 Total: \_\_\_\_\_

**WEEKLY SESSIONS:**

- Week 1 6/2-6 - \$50 (1 child) / \$45 ea. additional child Total: \_\_\_\_\_
- Week 2 6/9-13 - \$50 (1 child) / \$45 ea. additional child Total: \_\_\_\_\_
- Week 3 6/16-20 - \$50 (1 child) / \$45 ea. additional child **(Closed 6/19)** Total: \_\_\_\_\_
- Week 4 6/23-27 - \$50 (1 child) / \$45 ea. additional child Total: \_\_\_\_\_
- Week 5 6/30-7/3 - \$50 (1 child) / \$45 ea. additional child **(Closed 7/4)** Total: \_\_\_\_\_
- Week 6 7/7-11 - \$50 (1 child) / \$45 ea. additional child Total: \_\_\_\_\_
- Week 7 7/14-18 - \$50 (1 child) / \$45 ea. additional child Total: \_\_\_\_\_
- Week 8 7/21-25 - \$50 (1 child) / \$45 ea. additional child Total: \_\_\_\_\_

**Camp Tuition Total:** \_\_\_\_\_

**The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties are paying for tuition, a Tuition Agreement is required for all Financially Responsible Parties.**

**Camp T-Shirt**

Youth (\$10.00) \_\_\_ Small \_\_\_ Med. \_\_\_ Large \_\_\_ XL (\$13.00) \_\_\_ XXL

Adult (\$10.00) \_\_\_ Small \_\_\_ Med. \_\_\_ Large \_\_\_ XL (\$13.00) \_\_\_ XXL

**Shirt Total:** \_\_\_\_\_

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**Walkers/Bikers Release**

My child/ren will walk or ride a bike to and from Bayou Vista Community's Summer Camp. I give him/her permission to have himself/herself signed in and out each day. I will be responsible for contacting the Community Center if my child will not attend.

Parent's/Guardian's Initials \_\_\_\_\_

**Photo Release**

I hereby give permission for my child/ren to be photographed during the **Bayou Vista Community Center Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Bayou Vista Community Center Summer Camp and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for my child/ren to be transported by vehicle to any nearby facility to participate in summer activities. I have signed the attached General Release of Liability.

Parent's/Guardian's Initials \_\_\_\_\_

**Participation Consent Form**

**(REQUIRED)**

**I, the undersigned\*, hereby release discharge, indemnify, hold harmless and defend Bayou Vista Community Center (St. Mary Parish Rec. Dist. #3), its board, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against District due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2025 Bayou Vista Community Center Summer Camp. In the event of any medical emergency, I authorize and consent for District to act on behalf of the medical care deemed necessary for the participant. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes.**

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

\_\_\_\_\_  
Name of Parent

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

\_\_\_\_\_  
BVCC Management Signature

\_\_\_\_\_  
Date