



## 2016 Camper Registration Check List

Thank you for registering your child in a New Orleans Recreation Development Commission (NORDC) summer camp. It is the mission and goal of NORDC that your child's experience at one of our partner summer camps be as pleasant, fun and safe as possible.

The following documents are required at the time of registration:  
(Please check the box next to each item that is completed.)

- Completed Summer Camp Application**
  
- Proof of Orleans Parish Residency** (Must have 2016 date)
  - Photo copy of a valid State-issued ID w/Orleans Parish address
  - Utility bill; Entergy, Sewerage & Water Board, Cable bill, etc.
  
- Proof of Income for 1 full month** (Must have 2016 date)
  - Pay stubs
  - SSI award letters
  - Food stamp or Social Security Award letters
  - In the case of no income, a notarized statement to that effect is required
  
- 2015-2016 School Report Card**
  
- 2016 NORDC Swim Release Form**

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Camp Site

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Camp Director's Signature

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Date

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## 2016 Summer Camp Registration

### Child's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Age \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male Female  
 Complete Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 T Shirt Size: Child: S M L XL Adult: S M L XL 2XL Other \_\_\_\_\_

### Parent/Guardian Information

Parent #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Parent #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Email address(es): \_\_\_\_\_  
 Complete Home Address (if different): \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Parent #1 Home phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_) \_\_\_\_\_  
 Parent #2 Home phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_) \_\_\_\_\_

### Emergency Contact other than Parent/Guardian:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Child's medical insurance company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Medical Conditions staff should be aware of: \_\_\_\_\_  
 Preferred Physician: \_\_\_\_\_ Physician's contact #: \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_

### \*\*Please check one of the following. My child will leave camp by:

( ) Walking Home ( ) Taking the Bus ( ) Picked up by me or my designee

The following persons, other than those listed above are designated to pick my child up from camp:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		

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\*\*\*The information in this questionnaire is used for grant and reporting purposes only. Copies of support documentation such as check stub, award letters, etc., along with proof of residency, are required to complete registration.

**Child Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Parent/Guardian Information**

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

**Household size: circle the number of family members living in your household**

*\*Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangements.*

1      2      3      4      5      6      7      8      Over 8

**Gross income and ethnicity** (check the space in columns that most accurately describes your household):

<b>GROSS INCOME</b>	<b>ETHNICITY</b>
<input type="checkbox"/> \$ 0.00 -34,300.00	<input type="checkbox"/> Black/African American
<input type="checkbox"/> \$34,301.00 - 39,200.00	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> \$39,201.00 - 44,100.00	<input type="checkbox"/> Black/ African American & White
<input type="checkbox"/> \$44,101.00 -48,950.00	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> \$48,951.00 - 52,900.00	<input type="checkbox"/> Asian
<input type="checkbox"/> \$52,901.00 - 56,800.00	<input type="checkbox"/> Asian & White
<input type="checkbox"/> \$56,801.00 - 60,700.00	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> \$60,701.00 -64,650.00	<input type="checkbox"/> Pacific Islander/ Native Hawaiian
<input type="checkbox"/> \$Over - 64,651.00	<input type="checkbox"/> Other _____

**Household type** (circle the best description of your household):

Single Parent, female head of household      Single Parent, male head of household

Two Parent Household      Parent/Guardianship of Child

I certify that all of the information provided herein is true and correct and that all household income is reported.

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

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## Release of Information

**This page consists of a series of policies and releases. Please read carefully and acknowledge with your initials next to each item.**

### Child Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### Parent/Guardian Information

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

Initials	Releases/ Description
_____	<p><b><u>Consent for Health Care</u></b>            I authorize the New Orleans Recreation Development Commission (NORDC), the staff and/or employees or any of them acting alone; to engage such professional medical care or hospital laboratory services as may appear to be necessary or desirable for the protection of the health or life of my minor child, named above. Any person rendering health care pursuant to this authorization shall be entitled to treat consents given by the undersigned. I agree to be responsible for any charges incurred in the rendition of such care and treatment.</p>
_____	<p><b><u>Field Trip/Swim Release</u></b>            I give my child permission to participate in all field trips and swim lessons during summer camp. I understand that proper supervision will be provided. Transportation to these field trips will be contracted by NORDC partners.</p>
_____	<p><b><u>Consent for Emergency Treatment</u></b>            In the event of an emergency, permission is given to a physician, selected by the NORDC Staff, to administer whatever medical treatment deemed necessary as a result of an accident or illness which may occur while on field trips.</p>
_____	<p><b><u>Photo Release</u></b>            I do hereby authorize the New Orleans Recreation Development Commission <b>and their partners</b> to use photos, videos, and recordings of my child taken during any NORDC summer camp related activities for the purpose of publicity for the City of New Orleans on websites, in brochures, or other means of departmental publicity. I understand that my child will not be identified by name when photos are used.</p>

I certify that I have read all of the releases above and understand the liabilities of all parties.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

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## 2016 Swim Release Form

All participants of the NORDC Aquatics program must have a current and completed release/registration form on file. The program(s) schedule below is for information purposes and registration cannot guarantee enrollment. Final scheduling and enrollment decisions will be made on site by swim instructor and program management.

Participant Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Parent / Guardian Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child/Participant \_\_\_\_\_

### Release of Liability

Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of New Orleans, NORDC, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any of the programs.

\_\_\_\_\_  
Parent /Guardian/Adult Signature

\_\_\_\_\_  
Date

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