

Chitimacha

SUMMER DAY



CAMP



FOR RECREATION DEPARTMENT USE ONLY:

Name: _____ Shirt Size _____

Phone # _____

Date Application was submitted: _____

Mon. – Thurs. Mon. Tues. Wed. Thurs.

Payment: Cash \$ _____ Check # _____, \$ _____

Received from: _____

Entering Grade: _____

SUMMER DAY CAMP

Summer Camp Registration & Funding Applications will be accepted only:

Monday, April 28, 2025, through Thursday, May 1, 2025

IMPORTANT NOTICES:

- **SUMMER DAY CAMP WILL BE HELD AT A NEW LOCATION THIS YEAR.**
Children must be dropped off and picked up from the Old Housing Building and the Distance Learning Center. Children must be dropped off no earlier than 7:20 a.m. and must be picked up no later than 5:20 p.m. (Monday through Thursday).
- Summer Camp Enrollment packets must be returned to the Recreation Department during registration (Monday, April 28, 2025, through Thursday, May 1, 2025) with the first week of tuition regardless of if you are applying for funding.
- Field trip money is due at the time of registration.
\$20 Field Trip Money – (CASH ONLY – SMALL BILLS \$1's & \$5's)

SUMMER DAY CAMP FUNDING PROGRAM:

Summer Day Camp Funding will be available to Tribal member families which meet the eligibility requirements for funding. For more information, please visit Ida Borel at Human Services or call 337-923-7000. Office hours: Monday – Thursday 7:30 a.m. – 5:00 p.m. and Friday 7:30 a.m. – 11:30 a.m.

To apply for funding, please provide the following items:

- Completed Summer Day Camp Funding Application
(Application will not be accepted unless it's fully complete)
- Proof of income (for the last month for household members)
- Copy of enrollment form(s).

Admission Date_____

Withdrawal Date_____

Chitimacha Summer Day Camp

1. Child's Name (First)_____ (MI)_____ (Last)_____

Entering Grade _____ Birth Date _____ Sex _____

	Mother	Father
Name		
Mailing Address		
Physical Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		

2. Person with whom the child lives _____

3. Day's child will attend Summer Camp:

____ 2 Days {circle 2} Monday Tuesday Wednesday Thursday

____ 3 Days {circle 3} Monday Tuesday Wednesday Thursday

____ 4 Days

Scheduled Family Vacation Dates

Our family vacation is scheduled to begin on _____ and my child will be returning to camp on _____.

I understand that my child will receive credit for disclosure of one (1) planned vacation during the 5 weeks program. A second vacation credit **AND** the possibility of another summer camper being available to take your child's reserved spot will exempt you of payment for said time period.

Parent/Guardian Signature _____ Date: _____

Chitimacha Summer Day Camp Payment Schedule Agreement Form

Child's Name

I understand that tuition for my child to attend Summer Day Camp must be prepaid at the rate of \$12 a day per child.

I understand that the first week of tuition and \$20 field trip money is due at the time of registration in order to secure a spot for my child. **SPACE IS LIMITED, SPOTS ARE NOT GUARANTEED UNTIL REGISTRATION IS COMPLETE.** (Note: Registration Deadline is on Thursday, May 1, 2025, tuition is due on or before the applicable date, and then your payment schedule will be adhered to). I understand that if I elect to pay tuition on a weekly basis, tuition will be due on Thursday of each week.

I understand that cash payments are the most acceptable forms of payment; however, the preferred method of payment for tuition is checks, cashier's checks or money orders. Please make these items payable to the **Chitimacha Tribe of Louisiana** and remit ***cash only for the \$20*** field trip allowance. Please send all tuition payments to the Chitimacha Recreation Department. A \$25.00 fee will be assessed to all NSF checks. When making a payment in cash, an exact change is requested.

Once tuition payments are 5 business days (1 week) past due, the child will not be allowed to attend Summer Camp on the sixth day.

I select the following tuition payment schedule. Tuition payments will not be refunded.

Please check one:

☐ Weekly

☐ One Time Payment

Weekly Payment Schedule:

Week 1	Time of Registration
Week 2	June 12, 2025
Week 3	June 19, 2025
Week 4	June 26, 2025
Week 5	July 03, 2025

Parent/Guardian Signature: _____ Date: _____

Chitimacha Summer Day Camp Emergency Medical Care Form

Child's Name

List any serious allergies (such as insect bites, food allergies, etc.)

List any disabilities or special needs

Major illnesses your child has had

Any serious accidents?

Any medically necessary dietary requirements?

Mother's Phone Numbers:

--	--	--

Father's Phone Numbers:

--	--	--

In the event I cannot be reached, please call (these individuals are also authorized to pick up my child):

Name:	Relation to the Child:	Phone/Cell:

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities planned at Summer Day Camp.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such an emergency, the Summer Day Camp worker will contact me or one of the other people I have listed on this emergency form.

I understand emergency medical treatment will be given only with parental consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached daily if the numbers above do not apply for that day. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Doctor:	Phone Number:	Address:
Dentist:	Phone Number:	Address:
Hospital Preference:	Phone Number:	Address:

Parent/Guardian Signature: _____ Date: _____

Chitimacha Summer Day Camp Release Form

Child's Name

Designated adults authorized to pick up my child. Please include non-custodial parents and adults **18 years** of age or over. Please notify these individuals that they **may be** asked to show **proof of identity**:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

I understand my child will not be released to any person other than custodial parents and the designated adults on this form. Any changes made to the above list must be put in writing and given to the Summer Day Camp workers.

*** Name of person(s) **NOT** allowed to pick up my child:

Name: _____

Name: _____

Parent/Guardian Signature: _____ Date: _____

Chitimacha Summer Day Camp

Child Participation Agreement Release and Waiver of Liability and Assumption of Risk Agreement

Child's Name: _____ Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Phone Number: _____

Parent Email Address: _____

I certify that the above information is true, accurate, and complete.

I desire to have my child, named above, attend the Chitimacha Summer Day Camp ("Summer Camp"). The Summer Camp is operated by the Chitimacha Tribe of Louisiana ("Tribe"). In consideration of being permitted by the Tribe to allow my child to attend Summer Camp and in recognition of the Tribe's reliance on this agreement, I agree to the terms and conditions provided below.

Grant or Deny Permission:

1. **Use of Images and Videos:** I do hereby GRANT or DENY (circle one) permission to the Summer Camp to use the image of my child. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my child along with his/her first and last name for use in materials that include, but may not be limited to, printed and digital materials such as brochures, newsletters, social media websites, and the Chitimacha Tribal Website.
2. **Swimmer's Ear Drops:** I do hereby GRANT or DENY (circle one) permission to Summer Camp staff to administer over-the-counter swimmer's ear drops to my child to prevent or treat the symptoms of swimmer's ear.

Acknowledgments of Summer Camp Activities, Care, Risks, and Prohibitions:

1. **Emergency Medical Care:** I am aware and understand that the Summer Camp may involve physical activity and that my child will be under the supervision of Summer Camp workers. I authorize the Summer Camp workers, into whose care my child is entrusted, to consent to any necessary medical procedure for my child, and in an emergency, I authorize the Summer Camp workers to choose a physician and to transport my child by ambulance or other vehicle when necessary.
2. **Program Trips and Transport:** I permit my child to participate in authorized program trips on or off the reservation, including those attended by walking, biking, or vehicle transportation. I permit my child to use the transportation services provided by the Summer Camp for any extra-curricular field trips.

3. **Water Activities:** I acknowledge that Summer Camp may include water activities including, but not limited to, running in sprinklers, playing with water hoses, and playing or swimming at the Chitimacha pool or wading pool where an appropriate number of trained lifeguards will be on duty. I permit my child to participate in any of these activities, and if my child contracts swimmer's ear, I authorize Summer Camp workers to give my child swimmer's ear drops.
4. **Electronic Devices Prohibited:** Electronic devices are not allowed during Summer Camp, and I authorize and acknowledge that my child will be required to turn in any electronic device upon arrival at Summer Camp. The device will be returned to my child at the end of the day.

Parent/Guardian Signature: _____ Date: _____

RELEASE, WAIVER OF LIABILITY, and INDEMNIFICATION: I have read and understand the terms and conditions stated above. I also confirm that I understand the permissions that I have granted or denied above.

I am aware and understand that the activities described above, including my child's general participation in the Summer Camp, the authorized program trips, the transport to and from the program trips, and the water activities ("Activities"), are potentially dangerous activities that involve the risk of serious injury, disability, emergency treatment, and/or death to myself or others, as well as property damage to my own property or the property of others. I acknowledge that these risks may result from or be compounded by the actions, omissions, or negligence of the Summer Camp. Acknowledging the risks associated with these Activities, I affirm that my child is capable of participating in them. On behalf of my child and myself, I hereby choose to accept the risk associated with the Activities, in order for my child to attend Summer Camp.

In addition, I hereby fully and forever waive, release, and discharge the Tribe, and its agents, employees, directors, officers, and volunteers, from any and all injuries, losses, damages, claims, demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property, or any other person or other person's property, directly or indirectly arising out of or in connection with my child's participation in the Summer Camp, even if it is due to the negligence, injudicious act, omission, or other fault of the Tribe and its agents, employees, directors, officers, and volunteers. I also will defend, indemnify, and hold the Tribe harmless from and for any action against any action, damages, losses, or costs initiated or assessed against the Tribe by a third party and related to any accident or injury, loss, or property damage, however caused, resulting from or arising out of my child's participation in Summer Camp.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself and my child during the entire period of his/her participation in Summer Camp. This agreement is governed by the laws of the Chitimacha Tribe of Louisiana. If any portion of the agreement is held invalid, the remainder shall not be affected and shall continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY COERCION, FRAUD, OR UNDUE INFLUENCE AND WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE OF ANY NATURE BEING MADE TO ME.

Child's Name: _____

(If applicable) I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____