2026 MCPARC Day Camp and Playground Registration Form

MARION COUNTY PARKS & RECREATION

Child's Name:_____

Sex (M/F)_____ Age: _____ Birthdate:_____

Address:_____ City: _____

Parent/Guardian Name:_____

Cell Phone:_____ Work Phone: _____Other: _____

Email: _____

Emergency Contacts (Name, Number, Relation to Child):

Medical Issues / Allergies / Limitations:_____

_____

Please list all medications the child is taking: _____

I hereby give my permission for my child(ren) to participate in the Marion County Parks & Recreation Summer Day Camp and/or Playground Program. Participation in any program which involves physical activity exposes the camper to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers.
I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the camps program(s) selected. _____ (parent/guardian initials)

Medical Consent: I understand that MCPARC will make every effort to contact me in the case of an emergency. I give my permission for MCPARC to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at the Camp, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment. _____I accept medical care for my child(ren) _____I decline medical care for my child(ren)

Authorized individuals permitted to pick up my child:

Name	Phone #	Relationship

I am willing to assist with the following, if needed (check all that apply):

___ provide special treats or refreshments (popsicles, cookies, HUGs juice, etc.)

___ Chaperone Field Trips

___ Other

_____

Photography Release:

_____ I give permission for my child to be photographed while participating in events sponsored by the Marion County Parks and Recreation Commission and all its programs. I understand that there is a possibility that some of these pictures may be used in MCPARC's social media accounts, web page, or other advertising venues.

_____ I DO NOT give permission for my child to be photographed at any time.

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge Marion County Parks & Recreation Commission, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation in the Summer Day Camp and/or Playground Program. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on MCPARC, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the Summer Day Camp and/or Playground Program, including other campers. I further agree that if any such claim is made, I will indemnify and defend MCPARC with respect to any such claim, injury or damage.

Parent / Legal Guardian Signature:_____ Date:_____

Print Parent/Legal Guardian Full Name: _____

June 15th – July 24th

Monday – Friday

No camp on June 19th or July 3rd

Marion County Parks and Recreation Commission
Mailing Address: PO Box 1258 Fairmont, WV 26555
Office Location: 1000 Cole Street, Suite B Pleasant Valley, WV 26554
304-363-7037 email info@mcparc.com