



For Office Use Only  
Received

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Staff: \_\_\_\_\_

## 2025 Youth Camper(ages 4-12) Registration Application

Thank you for completing the form to register your child in a New Orleans Recreation Development (NORD) Commission youth summer camp. It is NORD's goal that your child's experiences at one of our NORD run or partner implemented summer camps are as pleasant, fun, and safe as possible.

The following documents are required at the time of registration (You must provide copies and bring originals for verification of documents):

(Please check the box next to each item that is completed – **NORD Staff will verify before checking box**)

- ☐ **Completed Summer Camp Application**
- ☐ **Photocopy of valid State-issued ID or Driver's License w/Orleans Parish address**
  - Needed for both parents, if 2 parent household
- ☐ **Proof of Orleans Parish Residency (Must have 2025 date)**
  - Utility bill: Entergy, Sewerage & Water Board, cable, phone, current home insurance bill, or pay stub documentation from 2025 with parent/guardian current Orleans Parish address. **Bill must be for service at the address on the application**
- ☐ **Proof of Income (Must have 2025 Dates)**
  - 4 Consecutive Pay Stubs, for ALL adult household members.
  - If there are two parents / guardians, provide proof of income for both parents / guardians.
  - SSI Award Letter with monthly amount and 2025 dates for distribution.
  - Food Stamp or Social Security Award Letters with amount and 2025 dates for distribution.
  - Retirement letter with monthly benefit amount.
  - If unemployed, letter from Louisiana Workforce Commission regarding unemployment and unemployment benefit amount or notarized letter stating current income is required.
  - If self-employed/business owner, a notarized letter stating current gross monthly income is required.
- ☐ **Child's Birth Certificate**
- ☐ **Child's Immunization Record or 2024-2025 School Report Card**
- ☐ **NORD Commission Swim Release Form**

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

Pick Top 3 Camp Choices

Registrant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Are you registering siblings, for same camp?      Yes      No      If yes, list names: \_\_\_\_\_





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**Child's Information:**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Race: ☐ African American/Black ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Caucasian/White

☐ Pacific Islander ☐ Multi Racial: (Specify): \_\_\_\_\_

Ethnicity: ☐ Latino ☐ Not Latino

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

T-Shirt Size: Child: ☐ XS ☐ S ☐ M ☐ L ☐ XL Adult: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ Other \_\_\_\_\_

**Parent/Guardian Information:**

Parent #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent #1 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Parent #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent #2 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact other than Parent/Guardian:**

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

Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_





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### 2025 Summer Camp Registration Questionnaire

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

#### Child Information

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

#### Parent/Guardian Information

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

#### 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):

GROSS INCOME (please check only one)	RACE/ETHNICITY (please check all that apply)
<input type="checkbox"/> \$ 0.00 – \$ 36,750.00	<input type="checkbox"/> Black/African American
<input type="checkbox"/> \$ 36,751.00 – \$ 42,000.00	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> \$ 42,001.00 – \$ 47,250.00	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> \$ 47,251.00 – \$ 52,500.00	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> \$ 52,501.00 – \$ 56,700.00	<input type="checkbox"/> Asian
<input type="checkbox"/> \$ 56,701.00 – \$ 60,900.00	<input type="checkbox"/> Asian & White
<input type="checkbox"/> \$ 60,901.00 – \$ 65,100.00	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> \$ 65,101.00 – \$ 69,300.00	<input type="checkbox"/> Pacific Islander/Native Hawaiian
<input type="checkbox"/> \$ Over – \$ 69,301.00	<input type="checkbox"/> Other _____

#### Household Type (Check the best description of your household):

- ☐ Single Parent, Female Head of Household      ☐ Single Parent, Male Head of Household  
☐ Two Parent Household

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

Parent/Legal Guardian Signature

Date





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### 2025 Swim Release Form

All participants of the NORD Aquatics program must have a current and completed release/registration form on file.

**Children 48 inches and under are not allowed to enter the pools without one-on-one adult supervision in the pool at all times.**

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, damage(s), 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, NORD and its officers, agents, servants, and employees from any and all claims resulting from injuries, damage(s) 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/Legal Guardian Signature

\_\_\_\_\_  
Date