



Summer Day Camp Registration Form

CAMPER INFORMATION

Camper's Name _____ Date of Birth _____

Age (as of May 31, 2019) _____ Grade Fall 2019 _____ Gender: M/F

Primary Guardian _____ Relationship _____ O

Address _____

Primary Phone _____ Secondary Phone _____

Email _____

ADDITIONAL CONTACT INFORMATION

Secondary Guardian Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Email _____

Emergency Contact (if different from above) _____

Relationship _____ Primary Phone _____

Secondary Phone _____

PICK-UP PERMISSIONS I authorize the following people to pick up my child from camp:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

CAMPER HEALTH HISTORY

Please provide us with information regarding your child's health, medical and/or emotional needs. Camper information will be confidential and used to help each camper stay safe and find success. If this space is not sufficient, please attach additional paperwork as needed. Additional information can also be emailed to ncogbill@bluespringsgov.com.

Please list any and all known allergies, including description of any potential reaction and management plan.

Food allergies: _____ EpiPen required: Y/N

Environmental allergies: _____ EpiPen required: Y/N

Drug/Other allergies: _____ EpiPen required: Y/N

Additional Comments:

T-SHIRT SIZE

T-shirt size is not guaranteed. Please indicate your first and second size preferences.

- Youth Extra Small
- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult Extra Large

LIFE JACKET

Does your camper require a life jacket?

- Yes No

Size: 30-50lbs. 50-90lbs

CAMP SESSIONS

- Week 1: May 2* - 9
- Week 2: June 3-7
- Week 3: June 10-14
- Week 4: June 17-21
- Week 5: June 24-28
- Week 6: July 1-5
- Week 7: July 8-12
- Week 8: July 15-19
- Week 9: July 22-26
- Week 10: July 29 - Aug 2
- Week 11: Aug 5-9

CAMP PRICING

\$70.00 Reservation Fee/child (March 1 - May 1) due at time of registration.

\$85.00 Reservation Fee/child (after May 1st) due at time of registration.

\$125.00 Weekly Session per week per child

Weekly fees are due ten days in advance of the start of each week. Your payment secures your child's spot in that week's session. If payment is not received by the deadline, your child's spot may be forfeited. A \$20.00 fee will accompany any late payments.

Please continue your child's health history on the back side of this form.

CAMPER HEALTH HISTORY CONTINUED

Please check if your child has or has had the following:

	Yes	No		Yes	No
Recent injury, illness, or infection:	<input type="checkbox"/>	<input type="checkbox"/>	ADHD/ADD:	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or recurring illness:	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease:	<input type="checkbox"/>	<input type="checkbox"/>
Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Ear Infections:	<input type="checkbox"/>	<input type="checkbox"/>
Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox:	<input type="checkbox"/>	<input type="checkbox"/>
Frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Seizures:	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury?	<input type="checkbox"/>	<input type="checkbox"/>	Lost consciousness during exercise:	<input type="checkbox"/>	<input type="checkbox"/>
Wears glasses, contacts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us more about your child. This information is invaluable in helping our staff to provide exceptional care for your child and to help each child succeed in the Blue Springs Summer Day Camp program.

If your child has any activity restrictions, please describe them here:

My child has the following condition(s) requiring staff knowledge and/or attention:

These things may be a source of frustration for my child:

It helps my child when:

Is there any other information that would be helpful in meeting the physical, mental or emotional needs of your child?

CAMPER HEALTH HISTORY CONTINUED

MEDICATIONS

All medications - prescription or non-prescription - shall be kept in the original container and labeled with the child's name and instructions, including times and amounts for dosages, and the name of the child's physician.

I authorize Blue Springs Parks & Recreation Summer Day Camp staff to administer the following medication to my child:

Name of medication: _____ Dosage: _____

Specific time(s) to be taken each day: _____

Reason(s) for taking: _____ Possible side effects: _____

If your child has asthma, please indicate the following:

_____ I give my child permission to carry an inhaler and self-administer as needed.

_____ I prefer the camp staff keep my child's inhaler and help my child determine when it is needed.

CONSENT FOR ADMINISTRATION OF APPROVED OVER-THE-COUNTER MEDICATIONS

_____ I hereby give permission for my child _____ to receive any medication listed below on this form as deemed necessary by the Camp Manager/Camp Assistant Manager. I have checked those medications I wish to be made available to my child as needed. I understand that the generic equivalent of said medications will be used in place of the more expensive brand-name items.

_____ Acetaminophen (i.e. Tylenol)

_____ Anti-Itching Lotion (i.e. Calamine lotion)

_____ Ibuprofen (i.e. Advil)

_____ Anti-itching Cream (i.e. Hydrocortisone)

_____ Antacid (i.e. Tums)

_____ Antihistamine (i.e. Benadryl)

_____ Bug Spray

_____ Sunscreen

_____ I DO NOT want any medication given to my child at camp

_____ I will provide my own medication for my child

Parent/Guardian Signature: _____

WAIVER AND RELEASE FROM LIABILITY

I/We waive and release any and all rights to institute claim against the City of Blue Springs, Missouri, its successors and assigns, its employees, agents, attorneys, elected/appointed officials and directors for any damages or injuries which are not a result of negligence on the part of the City, its agents or employees, or any costs resulting there from, in conjunction with my child's participation in the Blue Springs Day Camp program. I further understand the risks and dangerous situations involved within the activity for which my child is entering. The City of Blue Springs, Missouri assumes no responsibility for injury or accident insurance for program participants (please review your personal policy). I have carefully read this agreement and fully understand its content. This shall serve as a release and assumption of risk by me and shall be binding of my heirs or anyone entitled to act on my behalf.

EMERGENCY MEDICAL CONSENT

This consent gives permission for medical care in parental absence and must be presented upon admission for treatment. Parents/guardians will be notified immediately in case of emergency, illness, or injury. In the case of an emergency and in the event that a parent cannot be contacted or arrive at camp in ample time, the child will be transported by ambulance to the nearest hospital. In a non-emergency situation, the child will remain at camp until a parent or guardian arrives. In the event that my child requires medical or emergency care while I am absent or unable to be reached, I hereby give my consent to medical treatment.

DISCIPLINE/ANTI-BULLYING POLICY

I/We understand that the rules of camp are designed for the well-being and safety of all children participating, and failure to comply with these rules may result in suspension from camp activities. Bullying of any type will not be tolerated and may be grounds for expulsion from the Summer Day Camp program.

FIELD TRIP PERMISSIONS

I give permission for my child to attend camp field trips as part of the Blue Springs Parks & Recreation Summer Day Camp 2019.

SIGNATURE OF PARENT/GUARDIAN

X _____

DATE _____

PHOTOS/VIDEOS:

I give permission for Blue Springs Parks & Recreation Day Camp to use photos/videos taken of my child for promotional materials and future publications for Blue Springs Parks & Recreation Day Camp programs.

(Initials) _____





BLUE SPRINGS SCHOOL DISTRICT
2019 SUMMER PROGRAM K-4 STUDENT ENROLLMENT FORM



The 2019 summer school is June 4-27, For registration purposes, an enrollment form should be returned to the Central Office- Shelly Bockstetter's office for **each** participating student **FRIDAY, APRIL 12, 2019.**

STUDENT INFORMATION: (Please print neatly)

Student's Legal First/Middle/Last Name: _____ Gender: ___ Male ___ Female
 Date of Birth (Month/Day/Year): _____ 2018-2019 Grade Level (Circle one): K 1 2 3 4
 2018-2019 Year Elem School: _____

PARENT INFORMATION: (Please print neatly)

Enrolling Parent(s) Name(s): _____
 Street Address: _____ City/Zip Code: _____
 Home Phone #: _____ Cell Phone #: _____
 Place of Employment: _____ Email Address: _____

EMERGENCY INFORMATION: (Please print neatly)

1) Contact Person's Name: _____	Relationship: _____
Address: _____	Phone #s: _____
2) Contact Person's Name: _____	Relationship: _____
Address: _____	Phone #s: _____
3) Contact Person's Name: _____	Relationship: _____
Address: _____	Phone #s: _____

Special Health Concern(s): _____

This is for only Blue Springs Resident Students

FOR RESIDENT SCHOOL OFFICE USE ONLY