

# Harrisonville Parks & Recreation

## AFTER SUMMER SCHOOL Summer Camp Program

**May 24th - June 21st**

**(No Camp - Mon., May 31st, Memorial Day)**

**Grades: 1st - 6th**

**2:00pm - 6:00pm**

**\$38 per week/per child**

### **REGISTRATION DEADLINE:**

**The Wednesday BEFORE  
each new week!**

**A \$5 late fee will apply if  
registration is processed after  
the Wednesday deadline!**



**After Summer School Summer  
Camp Program provides extended  
afternoon care for children  
attending the Harrisonville  
Summer School Program.**

**NO MORNING BUS PICK UP  
WILL BE PROVIDED!**

**Children enrolled in the program  
will be transported from the  
schools by bus to the Community  
Center in the afternoon each day.**

**A registration packet will be  
required to be completed for each  
registered child.**

**This program offers a wide variety  
of activities including swimming,  
crafts, games, sports, & special  
themed activities.**

**If time allows, campers may have  
the option of swimming at the  
indoor pool. In preparation of the  
possibility, please pack a swimsuit  
& towel each day for your  
After Summer School participant.**

**Register at the HCC or for more info. contact Dani Dalton, [ddalton@harrisonville.com](mailto:ddalton@harrisonville.com)**



**HARRISONVILLE  
COMMUNITY CENTER**

**2400 Jefferson Pkwy Harrisonville, MO 64701  
[www.HPARKS.com](http://www.HPARKS.com) | (816) 380.8980**

**“Let us be the best part of your day and first choice for Health, Fitness, & Fun!”**



# SUMMER CAMP 2021

## Child Registration Form

Full Day Summer Camp  
Kindergarten After-Summer School Summer Camp  
Grade's 1<sup>st</sup> -6<sup>th</sup> After-Summer School Summer Camp

**Please Circle Camp Choice Above:**

### PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_

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

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

Nickname: \_\_\_\_\_ Participant's Camp T-shirt Size: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Primary Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Secondary Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### AUTHORIZED CHILD PICK UP (Other than Parent or Guardian)

Besides the guardians listed, would there be any other person(s) authorized to pick up your child?

We will **NOT** release your child to anyone not listed on this form.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**HAZARDOUS WEATHER EVENTS:**

In the event that the Harrisonville Community Center must close early due to hazardous weather conditions, we will make every attempt to notify each parent by phone. If a parent cannot be reached or is unable to pick up their child within 30 minutes of closing, it is absolutely necessary for parents to plan ahead for emergency childcare arrangements with a relative or trusted neighbor or friend. Please list two individuals that you consent to be contacted to pick up your child in the event of an early closing:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**HARRISONVILLE PARKS & RECREATION TEXT & E-MAIL ALERTS**

The Summer Camp Program will be using the Harrisonville Parks and Recreation text and e-mail alert system (TextCaster) to provide communication updates to parents as needed.

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

Mobile # (\_\_\_\_) \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

TextCaster Permission Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT**

In the event that a parent/guardian cannot be contacted or arrive at the Community Center in sufficient time, the child will be transported by ambulance in an emergency situation. Parents/Guardians will be financially responsible for the ambulance fees. This consent gives permission for medical care in parental absence and must be presented upon admission for treatment. In a non-emergency situation, the child will remain at the Community Center until a parent or guardian can arrive.

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this day camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary.

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

In case of emergency and the guardian cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**SPECIAL ACCOMMODATIONS**

So that we can better understand you child, please describe any accommodations (medical, physical, or behavioral needs) and /or other information that will assist camp staff in helping your child to get the most out of our camp.

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child take medication on a daily basis? Yes or No

If yes, you will need to complete a Permission to Administer Medication at Summer Camp Form on the first day of camp.

Does your child have any allergies? Yes or No

If yes, what are they allergic to? What kind of reaction should our staff look for? \_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency which hospital do you prefer? \_\_\_\_\_

**\*\*As provision by 45 CFR 164.522 of the Health Insurance Portability & Accountability Act of 1996 you have the right to request restriction and confidential communications of you health information. Please note that unless otherwise requested, Harrisonville Parks & Recreation Department personnel will share this information with staff members when it is necessary for the health, safety, or well-being of the child. By signing above you are giving the Harrisonville Parks & Recreation Department permission to share this information as directed above in a confidential manner.**

### **FIELD TRIPS**

The Summer Camp program provides optional field trips throughout the summer that require an additional fee. Registration for a field trip must be made by the week's registration deadline prior to the scheduled field trip; **NO LATE REGISTRATIONS** will be accepted. Parental consent to go on a field trip is given when a field trip registration is made and paid in full. Field trip fees are non-refundable/non-transferable unless canceled by the program.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

### **SWIMMING PERMISSION AND SUNSCREEN POLICY**

Participants will be swimming at the Harrisonville Outdoor Aquatic Center and the Harrisonville Community Center. Parents/Guardians must select one of the below options for swimming permission.

\_\_\_\_\_ My child **MAY NOT** swim in the deep end or use the blue slides at the outdoor pool

\_\_\_\_\_ My child **MAY NOT** swim in the deep end, but **MAY** use the blue slides at the outdoor pool

\_\_\_\_\_ My child **MAY** swim in the deep end and use the blue slides & diving boards at the outdoor pool

Level of swimming ability: \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Protecting children from sun exposure at the community center, outdoor pool, parks and on field trips is a top priority for our staff. Parents must provide authorization for use of sunscreen on a separate permission form. **PARENTS MUST SUPPLY SUNSCREEN IN THE ORIGINAL CONTAINER LABELED WITH THE CHILD'S NAME AS THE SUMMER CAMP PROGRAM DOES NOT SUPPLY SUNSCREEN.** Sunscreen will be used in accordance with the manufacturer's recommendations. Sunscreen must be replenished by the parent throughout the summer as needed. Staff will be in charge of handling the bottle of sunscreen and will ensure lotion is applied correctly.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

I hereby grant the Harrisonville Parks & Recreation Department permission to photograph/video record my child's likeness and/or voice for use by the department for publicity purposes only. Please be aware that these photos are for the Harrisonville Parks & Recreation Department use only and may be used in future catalogs, flyers and on the department's website & social media channels.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE CLAUSE**

The undersigned releases and hold harmless the Harrisonville Summer Camp Program and any officers, employees or agents thereof, including without limitation to the City of Harrisonville, Harrisonville Parks & Recreation and the Harrisonville Community Center, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**CANCELLATION/TRANSFER POLICY**

Registration fees offset the cost to plan and schedule programs. **NO CREDITS WILL BE GIVEN FOR DAYS THAT ARE MISSED.** If you must cancel/transfer your registration, it must be done three days prior to the Monday that your child is registered to begin camp. No refunds due to expulsion will be given for the current week, but a refund will be given for future weeks of registration. All field trip fees are non-refundable/non-transferable.

**LATE PICK-UP POLICY**

All children must be picked up no later than 6:00pm. **Any parent arriving late will be charged \$5 for every 15 minutes he/she is late.** Children will not be allowed to return until the fee is paid. If no contact is made with a responsible party after 30 minutes, the Harrisonville Police Department will be called.

I have read the above **Cancellation/Transfer Policy** and the **Late Pick-Up Policy**

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_



Harrisonville Parks and Recreation Summer Camps  
**Parents/Guardian Permission to Apply Sunscreen to Child Form**

CHILD'S NAME: \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may cause sunburn. Therefore, I give my son/daughter permission to apply sunscreen with a SPF of 30 or higher that he/she must bring to camp. I give permission to the Harrisonville Parks and Recreation Summer Camp to assist in applying sunscreen as specified below when playing outdoors, swimming at the Harrisonville Outdoor Pool and on Summer Camp Field trips. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the use of sunscreen for my child.

\_\_\_\_\_ I do not know of any allergies my child has to sunscreen.

\_\_\_\_\_ My child is allergic to some sunscreens. Please list types of sunscreens he or she is allergic to:

\_\_\_\_\_

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body that are listed below:

\_\_\_\_\_

**Parents must provide a sunscreen product with the SPF-30 or higher for their child in the original container labeled with the child's name. Summer Camp staff will apply the sunscreen to your child following the manufacturer's instructions on the bottle. The Harrisonville Parks and Recreation Summer Camp Program will NOT be providing sunscreen for children.**

Parent/Guardian Full Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

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