



HARRISONVILLE
Parks & Recreation

SUMMER CAMP 2022

Child Registration Form

Please Circle Camp Choice Below:
Full Day Summer Camp
Grades 1st -6th After-Summer School Summer Camp

PARTICIPANT INFORMATION

Participant's Name: _____

Residential Address: _____

Age: _____ Birth Date: _____ Gender: Male / Female

Nickname: _____

Participant's Camp T-shirt Size (1st & 2nd Choice): _____

PARENT/GUARDIAN INFORMATION

Primary Guardian: _____ Relationship to Camper: _____

Employer: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email Address: _____

Secondary Guardian: _____ Relationship to Camper: _____

Employer: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email Address: _____

Are there any specific instructions due to divorce/separation or restraining order? [] Yes [] No

If yes, please explain:

With whom does the camper reside? (ex. Mother, Father, Grandma, Foster, Part Time, Full Time etc.):

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: _____

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?

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

We will **NOT** release your child to anyone who is **NOT** listed on this form unless, staff has been provided with a written note signed by a legal guardian listed on this application. Phone calls will be accepted only in emergency situations. This policy will be strictly enforced. **ID REQUIRED!**

UNAUTHORIZED CHILD PICK UP

Name of Individual(s) NOT allowed to pick up my child: _____

**Appropriate custody paperwork must be attached if a PARENT is not allowed to pick up a child!

HAZARDOUS WEATHER OR EMERGENCY CONSENT:

In the event that the Harrisonville Community Center must close early due to hazardous weather conditions or medical emergency, we will make every attempt to notify each parent by phone. If a parent cannot be reached or is unable to pick up their camper, it is necessary for parents to plan for emergency childcare arrangements. **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. Parents/Guardians will be financially responsible for the ambulance fees.** Please list two individuals that you consent to be contacted to pick up your child in the event of hazardous weather or emergency:

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

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Signature of Parent / Guardian: _____ Date: _____

Child's Physician: _____ Doctor's Phone: _____

Dentist: _____ Dentist Phone: _____

Insurance: _____

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 your 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.**

Parent/Guardian Initials: _____ Date: _____

GENERAL INFORMATION

For Camp Staff, please provide the information below:

1. My child is Outgoing, Shy, or In Between.
2. My child is Excited about camp, Fearful, or In Between.

SPECIAL ACCOMMODATIONS

Please provide us with information regarding your child's health, medical and/or emotional needs below. 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 ddalton@harrisonville.com.

Please list any allergies:
(Including descriptions of any reactions, EpiPen requirements, and other management plans.)

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

- | | |
|---|---|
| <input type="checkbox"/> Recent Injury, Illness, or Infection | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Chronic or Recurring Illness | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Been Hospitalized | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Had Surgery | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Lost Consciousness During Exercise |
| <input type="checkbox"/> Wears Glasses/Contacts | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Coronavirus |

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 HCC Summer Camp Program. If your child has any restrictions, please describe 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?

HEALTH INFORMATION

All medications shall be kept in the original container and labeled with the child's name and instructions. It must include times, amounts of dosages, and the name of the child's physician.

I authorize HCC Parks and Recreation Camp Management to administer the following medication to my child.

Name of Medication: _____

Specific Time(s) Taken Each Day: _____

Reason(s) for Taking: _____

Possible Side Effects: _____

Dosage: _____

If parent/guardian does NOT give HCC Camp Manager permission to administer medication, what do you prefer Staff to do?

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 FROM ADMINISTERING OF APPROVED OVER-THE-COUNTER MEDICATIONS:

I hereby give permission for my child to receive any medication listed below as deemed necessary by the Camp Manager. I have checked those medications I wish to be made available to my child as needed.

- Tylenol
 Ibuprofen
 Tums
 Sunscreen
 Bug Spray

FIELD TRIPS

The Summer Camp program provides field trips throughout the summer. Registration for a field trip must be made by the week's registration deadline prior to the scheduled field trip. Parental consent to go on a field trip is given when a child is enrolled for the week. Transportation is provided by Apple Bus and HCC Transport. I give permission for my child to attend Camp field trips as a part of the HCC Summer Camp Program and to be transported by Apple Bus and HCC Transportation.

Parent/Guardian Initials: _____ Date: _____

SWIMMING PERMISSION

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

Parent/Guardian Initials: _____ Date: _____

SUNSCREEN POLICY

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. **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 oversee handling the bottle of sunscreen and will ensure lotion is applied correctly.

[] 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:

Parent/Guardian Initials: _____ 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.

Parent/Guardian Initials: _____ Date: _____

CANCELLATION/TRANSFER POLICY

I understand 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.

Parent/Guardian Initials: _____ Date: _____

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**.

Parent/Guardian Initials: _____ Date: _____

LATE REGISTRATION POLICY

Payment is due in full on the Monday prior to the week of attendance. Payments will be accepted through the Wednesday prior to the week of camp, with a \$10 late fee per camper, which must be paid when the weekly fee is paid. **If the camper is not registered by the Wednesday prior, I understand my camper will not be allowed to attend HCC Summer Camp the desired week.** If parent/guardian tries to drop child off without payment, they will be asked to take the camper with them.

Parent/Guardian Initials: _____ Date: _____

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. My camper and I understand HCC Summer Camp uses a THREE STRIKE Behavioral System:

- Strike 1: Camper will be given a Behavior Report to fill out, which will need to be signed by the parent, and returned.
- Strike 2: One week suspension.
- Strike 3: Expulsion.

****Bullying of any type will not be tolerated and may be grounds for expulsion from the HCC Summer Camp Program without refund.****

Parent/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____

RELEASE FROM LIABILITY

I understand the risks and dangerous situations involved within the activity for which my child is entering. The City of Harrisonville assumes no responsibility for injury or accident insurance for program participants. I have clearly read this agreement and fully understand its content. This shall serve as a release policy and assumption of risk by me and shall be binding of my heirs or anyone entitled to act on my behalf.

Parent/Guardian Signature: _____ Date: _____

WEEKS PLANNING TO ATTEND

To help ensure HCC Summer Camp Program is well equipped with the right number of supplies and staff, please check the desired weeks your camper is planning to attend:

- [] **WEEK ONE:** Blast From The Past (May 23rd-27th)
- [] **WEEK TWO:** Disney- The Magic Kingdom (May 31st-June 3rd)
- [] **WEEK THREE:** Game Show Mania (June 6th-10th)
- [] **WEEK FOUR:** What's Cookin' (June 13th-17th)
- [] **WEEK FIVE:** Planes, Trains, & Automobiles (June 20th-24th)
- [] **WEEK SIX:** Survivor- The Tribe Has Spoken (June 27th-July 1st)
- [] **WEEK SEVEN:** Route 66 (July 5th-8th)
- [] **WEEK EIGHT:** Welcome To The Jungle (July 11th-15th)
- [] **WEEK NINE:** Blast Off (July 18th-22nd)
- [] **WEEK TEN:** Down To A Science (July 25th-29th)
- [] **WEEK ELEVEN:** Community Hero's (August 1st-5th)
- [] **WEEK TWELVE:** Happy Campers (August 8th-12th)
- [] **WEEK THIRTEEN:** Summer Camp Bash (August 15th-19th)

