

2019 SUMMER DAY CAMP REGISTRATION FORM: 8:30 AM – 5:00 PM Monday-Friday

Registration is on a first-come, first serve basis. Waiting lists are formed when program fills.

Child's Name _____
 Birth Date _____ Age _____ Sex _____

Mother's Name _____
 Phone # (H) _____ (W) _____ (C) _____
 Address _____
 City _____ Zip _____
 Email _____

Father's Name _____
 Phone # (H) _____ (W) _____ (C) _____
 Address _____
 City _____ Zip _____
 Email _____

Emergency Contact (other than parents)
 Name _____
 Phone (H) _____ (Work/Cell) _____
 Address _____
 City _____ Zip _____

Authorized Pick-Up List (Other than Parents, attach additional page for more authorized individuals)

- | | | | |
|---------|-------|-------|-------|
| 1. Name | _____ | Phone | _____ |
| Address | _____ | City | _____ |
| | | Zip | _____ |
| 2. Name | _____ | Phone | _____ |
| Address | _____ | City | _____ |
| | | Zip | _____ |

CIVITAN SUMMER CAMP

Please check all the weeks child will attending:

- | | |
|---|---------------------------|
| <input type="checkbox"/> Week 1 June 3-7: | Moving and Grooving |
| <input type="checkbox"/> Week 2 June 10-14: | Around the World |
| <input type="checkbox"/> Week 3 June 17-21: | SUPER Camp |
| <input type="checkbox"/> Week 4 June 24-28: | We Got Spirit |
| <input type="checkbox"/> Week 5 July 8-12: | Going for the Gold |
| <input type="checkbox"/> Week 6 July 15-19: | Camp Civitan's Got Talent |
| <input type="checkbox"/> Week 7 July 22-26: | Out of This World |
| <input type="checkbox"/> Week 8 July 29 - Aug. 2: | Best of the Best |

No camp week of May 29 - 31 & July 1 - 5

Camp Hours: 9:00 am to 3:30 pm.

Pre-Care 8:30-9:00 am YES/NO

Post Care 3:30-5:00 PM YES/NO (if yes, possible pick up time _____)
Weekly fee \$110. A \$20 non-refundable registration/non-transferable fee per week is due at time of registration, and then 10 days prior to camp, the remaining weekly fee of \$90 must be paid. Please read our refund policy. Tax Id#: 48-6028759

Please list any health conditions or allergies that affect your child and medications that your child will be taking while in our care.

Shawnee County Parks + Recreation Day Camps are licensed day camps, operating in compliance with the requirements of the State of Kansas Department of Health and Environment. Licensing requires that all forms must be completed with the parent/guardian signature before your child is allowed to attend camp.

My child has permission to have help with applying sunscreen and bug spray.
 Yes No

In consideration of our participation in this activity, and in acknowledgement to the law, we hereby release and discharge Shawnee County Parks + Recreation and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we may suffer as a result of our participation in this recreational activity. We are not waiving or releasing Shawnee County Parks + Recreation from intentional acts of damage, nor for damages caused by the gross and wanton negligence of Shawnee County Parks + Recreation since the areas utilized under this program are a park, and playground or open area under K.S.A. 7(0). We also understand that the Shawnee County Parks + Recreation is not responsible for and cost incurred for medical services for illness, injuries, and damages to ourselves or others in connection with this activity. Shawnee County Parks + Recreation reserves the right to use event pictures for publication. SCP+R does not discriminate against any person on the basis of race, color, sex, national origin, age or handicap in the operation of any programs, activity or facility.

Signature Parent/Guardian _____

Date _____