

2022 SUMMER DAY CAMP REGISTRATION FORM: 7:15 AM - 5:30 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 _____

Please check all that apply:	<u>Check one</u>
<input type="checkbox"/> Week 1 May 31-June 3*:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 2 June 6-10:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 3 June 13-17:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 4 June 20-24:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 5 June 27-July 1:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 6 July 5-8*:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 7 July 11-15:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 8 July 18-22:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 9 July 25-29:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
<input type="checkbox"/> Week 10 August 1-5:	<input type="checkbox"/> BTN <input type="checkbox"/> CCL <input type="checkbox"/> CCN <input type="checkbox"/> PTA
*No Camp May 30 & July 4	
Back to Nature (BTN), Camp Connections Lake (CCL) Camp Connections North (CCN), Passport to Adventure (PTA)	
Daily drop-off time _____ and pick-up time _____	
Weekly fee \$135. A \$25 non-refundable/non-transferable registration fee per week is due at time of registration, and <i><u>then 10 days prior to camp, the remaining weekly fee of \$110 must be paid. Please read our refund policy.</u></i>	
<u>Federal Tax ID #48-6028759</u>	

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

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 filled out completely with the parent/guardian signature before your child is allowed to attend camp.

<p style="text-align: center;">My child has permission to have help with applying sunscreen and bug spray.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 _____