



— PLAY NATURALLY —

BLUE SPRINGS

— PARKS & RECREATION —

2021 SUMMER CAMP REGISTRATION FORM

CAMPER/C.I.T. INFORMATION

CAMPER'S NAME: GENDER: M / F

DATE OF BIRTH: AGE:

GRADE (FALL 2021): SCHOOL (FALL 2021):

CAMPER T-SHIRT SIZE:

(T-SHIRT SIZE IS NOT GUARANTEED. PLEASE INDICATE YOUR FIRST AND SECOND SIZE PREFERENCES)

YOUTH X-SMALL YOUTH LARGE ADULT LARGE

YOUTH SMALL ADULT SMALL ADULT X-LARGE

YOUTH MEDIUM ADULT MEDIUM

DOES YOUR CAMPER CHILD REQUIRE A LIFE JACKET? YES NO

30-50LBS 50-90LBS 90+LBS

PARENT/GUARDIAN INFORMATION

PRIMARY GUARDIAN: RELATIONSHIP:

ADDRESS:

PHONE: EMAIL:

SECONDARY GUARDIAN: RELATIONSHIP:

PHONE:

EMAIL:

PICK-UP PERMISSIONS

NAME: NAME:

RELATIONSHIP: RELATIONSHIP:

PHONE: PHONE:

Enrollment Fees:

Enroll before May 1
\$80

Late enrollment
starting May 1
\$95

Weekly Fees:

Short Week (Wk 1):
\$115

Regular Week Fee
(Wk 2-12):
\$130

Camp Sessions & Payment Deadlines

Week 1 05/21
June 1-4

Week 2 05/28
June 7-11

Week 3 06/04
June 14-18

Week 4 06/11
June 21-25

Week 5 06/18
June 28-July 2

Week 6 06/25
July 5-9

Week 7 07/02
July 12-16

Week 8 07/09
July 19-23

Week 9 07/16
July 25-30

Week 10 07/23
Aug. 2-6

Week 11 07/30
Aug. 9-13

Week 12 08/06
Aug. 16-20

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 bsimbeck@bluespringsgov.com.

Please list any and all known allergies.

(Include descriptions of any potential reactions, EpiPen requirement and other management plans.)

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

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:	<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 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

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 and Recreation Camp management 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 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.

- | | |
|---|---|
| <input type="checkbox"/> ACETAMINOPHIN (I.E. TYLENOL) | <input type="checkbox"/> ANTI-ITCHING LOTION (I.E. CALAMINE LOTION) |
| <input type="checkbox"/> IBUPROFEN (I.E. ADVIL) | <input type="checkbox"/> ANTI-ITCHING CREAM (I.E. HYDROCORTISONE) |
| <input type="checkbox"/> ANTACID (I.E. TUMS) | <input type="checkbox"/> ANTIHISTAMINE (I.E. BENADRYL) |
| <input type="checkbox"/> BUG SPRAY | <input type="checkbox"/> SUNSCREEN |

I do NOT want any of the above medication given to my child at camp

I will provide my own medication for my child

Parent/Guardian Signature: Date:

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.

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.

Parent/Guardian Name (Printed):

Parent/Guardian Signature:

Date: