**CAMPER INFORMATION**

Camper’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (as of May 31, 2019) \_\_\_\_\_\_\_\_\_\_\_ Grade Fall 2019 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M/F

Primary Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION**

Secondary Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK-UP PERMISSIONS**:

I authorize the following people to pick up my child from camp:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 chesterrecreation@chesterill.com.

Please list any and all known allergies, including description of any potential reaction and management plan.

Food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EpiPen required: Y/N

Environmental allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EpiPen required: Y/N

Drug/Other allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EpiPen required: Y/N

Additional Comments:

Please continue your child’s health history on the back side of this form.

**CAMPER HEALTH HISTORY CONTINUED**

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 Summer Day 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:

Is there any other information that would be helpful in meeting the physical, mental or emotional needs of your child?

**MEDICATIONS**

Chester Parks and Recreation Department, their

If your child has asthma, please indicate the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my child permission to carry an inhaler and self-administer as needed.

**WAIVER AND RELEASE FROM LIABILITY**

Please read this information carefully and be aware that in signing up for and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with or associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my minor child/ward or I may have (or to accrue to me or my minor child/ward) as a result of participating in this program/activity against the City of Chester, Exhibits On The Go, Acuity Organizational, including their officials, agents, volunteers, employees, and sponsors.

I do hereby fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

My signature below indicates that I have read and agree to the Waiver and Release of All Claims and Assumption of Risk Form above and that I certify that my minor child/ward or I am in good physical health and able to participate in this activity. (Initials) \_\_\_\_\_\_\_\_\_\_

**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. (Initials) \_\_\_\_\_\_\_\_\_\_

**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 my 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. (Initials) \_\_\_\_\_\_\_\_\_\_

**PHOTOS/VIDEOS**

I give permission for Chester Parks and Recreation Department to use photos/videos taken of my child for promotional materials and future publications for City of Chester Parks & Recreation programs. (Initials) \_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPER CODE OF CONDUCT

In order to maintain a safe, fun and productive camp environment, we require parents and campers to read and understand the importance of abiding by the following code of conduct:

* I will follow the camp schedule.
* I will respect the counselors, directors, and other campers.
* I will not use foul language.
* I will not resort to name calling if an incident occurs.
* Fighting, hitting or bullying will not be tolerated.
* I will follow the safety rules set forth by the camp staff.

CITY OF CHESTER PARKS AND RECREATION SUMMER DAY CAMP DISCIPLINARY POLICY

Summer camp is meant to be fun, educational, and a recreational activity. For the benefit of all campers, it is important that children behave appropriately during the summer day camp. If it becomes necessary to take disciplinary action, the steps will be followed as outlined below:

1. The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate and unacceptable. The camper’s parent/guardian will be notified of their behavior when they arrive to pick up their child.
2. Staff will determine the appropriate consequence for the camper’s behavior (examples may include “time out” or exclusion from participating in an activity). The camper’s parent/guardian will be notified of their behavior when they arrive to pick up their child.
3. The parent/guardian will be called and the child will be excluded from all camp program without a refund of fees.

The Summer Camp Staff of the Chester Parks and Recreation Department reserves the right to ban any child from summer camp following a first incident in cases of serious inappropriate behavior.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Signature Date

I agree to help my child abide by the Code of Conduct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

SPACE CAMP 2019 RULES & POLICIES

1. Campers must follow the Camper Code of conduct. Please discuss with your camper prior to the start of camp.
2. All campers must have a completed registration form and medical information form on file with the Recreation Director’s office by June 7, 2019. No camper will be allowed to start camp until a form has been filled out and filed with the Recreation Department.
3. Campers, for their own safety, should wear comfortable clothing suitable for outdoor activities. No sandals or open toed shoes.
4. Medication: Camp stamp and volunteers are not permitted to accept or dispense medication of any kind.
5. Snack: Each camper should bring a light snack. Please clearly mark your cooler, lunchbox or bag with the child’s name.
6. Water: The weather during camp could be very hot. We suggest sending a water bottle to camp with your child labeled clearly with the child’s name. Hint: Freezing a bottle of water with a squirt top allows for very cold water as it melts.
7. Drop Off/Pick Up:

* Pick up and drop off location is at the old ball field.
* Parents should be punctual in dropping off and picking up. All campers must be signed in before entering camp and signed out before leaving.
* The day camp begins at 9:00 a.m. and ends at 12:00 p.m.
* Supervision begins at 8:30 a.m. and ends at 12:15 p.m.
* Please contact the Recreation Department if your child will be dropped off later or picked up earlier than the designated times.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name Parent/Guardian Signature Date