

# 2021 SUMMER SPORTS DAY CAMP REGISTRATION FORM:

9:00 AM – 3:00 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 \_\_\_\_\_

## Lakeside Sports Camp

Please check weeks your child will be attending:

June 7-11

June 21-25

June 28-July 2

July 12-16

July 26-30

Monday –Friday

9:00 AM – 3:00 PM

\*Campers will need to bring a backpack, reusable water bottle, swimsuit/towel, sunscreen, bug spray, and lunch with a drink in a cooler daily. Campers should mark their names on all belongings.

### PAYMENT:

\$20 non-refundable down payment to hold child's spot. Balance of \$60 due no later than 10 days prior to the start of each camp week. Please read our refund policy.

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

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

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 \_\_\_\_\_