

Spring Break Camp

Monday-Friday, March 13-17
8:30 am - 3:30 pm
Holcom Park Recreation Center
\$130 per child
Ages 5-12 years



Camp will be held at **Holcom Park Recreation Center, 2700 W. 27th St.** Planned activities may include games, arts and crafts, and field trips. **Parents are responsible for ensuring their children are picked up promptly at 3:30pm.** Both a Parent Consent Form and a Health Information Sheet (located on the back of this form) are required for each participating child. Please fill out and return form to any recreation center during business hours, or you may mail the form to the address listed above. Online enrollment is also available at www.lprd.org. For more information regarding the Holcom Spring Break Camp, Please Contact: **Elias Parenti at Holcom Recreation Center, (785) 832-7949.**

Parent Consent Form

PARENT/GUARDIAN _____ PHONE# _____

CHILD NAME _____ AGE _____ GENDER _____
First Last

ADDRESS _____
Street City State Zip

BIRTHDATE _____ GRADE (Spring '23) _____ SCHOOL _____

EMAIL _____

PLEASE COMPLETE HEALTH INFORMATION ON BACK OF THIS FORM

Waiver:
In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas from any and all liability arising from accident, injury and illness that I (and/or my child) may suffer as a result of participation in such activity or consequent exposure to the Novel Coronavirus (COVID-19). I further agree to indemnify and hold harmless the City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages and losses sustained by me (and/or my child/children) arising out of, connected with or in any way associated with the activity. In the event of an emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or material occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

SIGNATURE OF PARENT/GUARDIAN

DATE

OFFICE USE ONLY						CODE # 225120-A
CHECK # _____	CASH _____	VISA/MC _____	REC. BY _____	LOCATION _____	DATE _____	

CITY OF LAWRENCE PARKS & RECREATION HEALTH INFORMATION

PARENT/GUARDIAN _____ HOME# _____ WORK# _____

PARENT/GUARDIAN _____ HOME# _____ WORK# _____

EMERGENCY CONTACTS:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____

AUTHORIZED TO PICK UP CHILD:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

GENERAL INFORMATION

For Leader's use only to help your child enjoy our program more fully:

1. My child is outgoing _____ shy _____ in between _____
2. My child is excited about this program _____ coaxed into going _____ fearful about going _____
3. My child wants to _____ from this program more than anything else
4. I want my child to _____ in this program more than anything else
5. Please rate your child's swimming ability: beginner _____ average _____ excellent _____

MEDICAL INFORMATION

Doctor's name _____ phone# _____

Clinic or hospital preference _____

IMMUNIZATIONS

DPT Series _____ Booster _____ Tetanus _____ Polio OPY (Sabin) _____ Booster _____

PHYSICAL CONDITIONS

Ear Infections _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

Heart _____

ALLERGIES

Hay Fever _____

Poison Ivy, etc. _____

Insect Stings _____

Penicillin _____

Sulfa Drugs _____

DISEASE

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Asthma _____

Will your child need any special accommodations to be successfully integrated into this program? This may include, but not be limited to a lower staff to child ratio, personal care and/or medication assistance. Please explain _____

Health problems we should know about _____

Is your child taking medication? _____ What? _____

Medication Schedule _____

HEALTH INSURANCE

Company Name _____

Policy Number _____

AUTHORIZATIONS

(check lines that apply and sign below)

- ___ 1. I authorize the City of Lawrence Parks & Recreation to transport my child to and from program activities.
- ___ 2. The health history on this form is correct so far as I know: the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.
- ___ 3. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, named above.
- ___ 4. I authorize the City of Lawrence to use at its discretion any photograph, black, colored or video taken of participants while participating in City programs and activities for marketing in print or by electronic means.

MY SIGNATURE BELOW CONSTITUTES AUTHORIZATION FOR ITEMS CHECKED ABOVE.

Parent/Guardian Signature _____ Date _____