

# Branson Parks and Recreation Summer Day Camp 2017

## Program Information

**Grades:** Kindergarten - 6

**Hours:** Drop Off 7-9am, Pick Up 4-6pm, Program Hours 9am-4pm

**Location:** Branson RecPlex

**Fees:** \$90.00 per child, \$5.00 for Camp Tshirt the first week, \$15.00/15 minutes will be added for late pickup fee beginning at 6:01pm.

## Registration

**PRE-REGISTRATION** is highly encouraged. Walking in on the day of camp will not guarantee your child a spot. The front desk does not open for registrations until 8:00am, registrations will not be taken before then. Dates may be cancelled due to low enrollment (see the top of the page).

## Text Alerts

Sign up for text alerts by texting **@ycamp2017** to **81010** for any updates.

## Pick Up

For the children's safety, children will not be released to anyone who is not listed on this page and/or without a matching driver's license.

## Day Camp Sessions

To reserve weekly session(s) submit this form with the camper confidential information form and payment in full or provide a credit card number to reserve the weeks you plan to attend.

[Please see the Parent Handbook for the refund procedure](#)

## Check Only The Sessions Your Child Will Attend

**\*\*\*No Camp May 29 or July 4\*\*\***

Session 1	May 30-June 2	___	Session 6	July 3-7	___
Session 2	June 5-9	___	Session 7	July 10-14	___
Session 3	June 12-16	___	Session 8	July 17-21	___
Session 4	June 19-23	___	Session 9	July 24-28	___
Session 5	June 26-30	___	Session 10	July 31-Aug 4	___

Please Rate Your Child's Swimming Ability: \_\_\_Beg \_\_\_Int \_\_\_Adv

May Your Child Swim In The Deep End Of The Pool? \_\_\_Yes \_\_\_No

**Photo Policy:** On occasion, our staff may photograph participants. Please be aware photos may be used for media and marketing.

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

**(child must have completed Kindergarten through 6th grade and be between the ages 5-12 to attend)**

**Shirt Size:** 6/8    10/12    14/16    AS    AM    AL

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Authorized To Pick Up

Email Address: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Authorized To Pick Up

Email Address: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**(none parent/guardian - Authorized To Pick Up)**

Relationship To Child \_\_\_\_\_ Driver's License # \_\_\_\_\_

I am the parent/legal guardian of the above named minor. I hereby waive, release and forever discharge all claims against the City of Branson, it's employees, volunteers, commissioners or agents for damages and/or injuries that may arise from participation in the above named program. I hereby authorize any duly licensed physician, emergency medical technician or medical facility to treat the above named minor for injuries that may be received while participating in the program. I also understand that my child's photo may be used to document or market this program.

I have read, understand, agree to abide by all guidelines set forth in the **Summer Day Camp Parent Manual** and understand that the weekly sessions must be reserved with payment in full or a credit card number by 6:00pm the Wednesday prior to the week attending. I acknowledge that **no refunds** will be given after the deadline for that session.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

For office use: Total Paid: \_\_\_\_\_ check / cash / charge    Date: \_\_\_\_\_    Staff Initials: \_\_\_\_\_

Branson Parks & Recreation

Summer Day Camp 2017

Participant Profile Form

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

- 1. This participant is free of infectious disease? Yes \_\_\_ No \_\_\_
2. This participant is current on all immunizations? Yes \_\_\_ No \_\_\_
3. This participant is able to participate in recreation activities? Yes \_\_\_ No \_\_\_
4. Does the participant take any medication during the school year? Yes \_\_\_ No \_\_\_
5. Does the participant take any medication on a daily basis? Yes \_\_\_ No \_\_\_
6. Does the participant have any allergies? Yes \_\_\_ No \_\_\_
7. Does the participant need any accommodations to participate? Yes \_\_\_ No \_\_\_

If you answered "Yes" to questions #6 & #7, please explain:

\_\_\_\_\_

Liability Waiver

The undersigned, being the parents/legal guardian of the fore-mentioned minor, in consideration of the said child being allowed to participate in the Branson parks and Recreation Department Day Camp, field trips, and travel does hereby release, acquit and discharge the City of Branson and all other persons, firms of corporations connected, associated with or employed by said City, from any and all liability whatsoever arising out of or in action for injuries or losses of every nature which the undersigned has or may have as the parents/legal guardian of said minor child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Request for Administration of Medication 2016

- Medication must accompany the child in original container and turned into Camp Director
For medication to be administered the child must see the Camp Director or designee
Medication is NOT to be kept in lunchboxes or backpacks or with your child.
A new form must be filled out for each additional medication

I hereby grant permission to the Day Camp Director or designee to assist in the administration of the following medication to my child:

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Treatment Of: \_\_\_\_\_

Administration Time: \_\_\_\_\_ Physician Name/Number: \_\_\_\_\_

Amount given to Staff: \_\_\_\_\_ Parent Initial: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

WAIVER TO ADMINISTER MEDICATION

The undersigned recognizes that the Branson Parks and Recreation Day Camp staff member, who will be responsible for ensuring the above medication, is not a pharmacist and accepts full responsibility for ensuring the above medication and further acknowledges that neither such a person or the City of Branson shall have any responsibility or liability arising from the above listed child taking medication in accordance with the instructions on the label. The undersigned also authorizes a Branson Parks and Recreation Day Camp staff member to administer the medication listed above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_