

Warrensburg Parks & Recreation Summer Day Camp-2010

"We Play Outside...Do You?"

Adventure Camp-Ages 9-12

***Summer Special \$700** _____ *Sneak peak days included with Summer Special

Individual Sneak Peek Days \$20

June 2 ___ **June 3** ___ **June 4** ___

Two Week Session Registration \$160

Session 1 ___
June 7-June 18

Session 2 ___
June 21-July 2

Session 3 ___
July 5-July 16

Session 4 ___
July 19-July 30

Session 5 ___
Aug 2- August 13

Weekly Registration \$100

Week 1 ___
Week 6 ___

Week 2 ___
Week 7 ___

Week 3 ___
Week 8 ___

Week 4 ___
Week 9 ___

Week 5 ___
Week 10 ___

***Parent Information Night** _____ ***Check if you will be attending**
6-7 PM, May 26, 2010 – Warrensburg Community Center

Camper's Name _____

Grade (2009-2010 school year) _____ Birthdate _____ Sex _____

Shirt Size (circle one) Adult: XL L M S Youth: 14-16 10-12 6-8

Name of Parent/Guardian _____

Address (complete) _____

Email _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Emergency Contacts

Friends/relatives to be contacted in case of an emergency if parent cannot be reached:

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Authorized Walk, Ride, Pick-Up Release

The following people in addition to parent/guardian have permission to pick the child up from camp:

Name: _____ Relationship to Camper: _____

(Unless otherwise notified your child will not be able to leave camp with anyone except those listed above)

My child has permission to: (please check appropriate selections)

_____ Walk to and from Camp _____ Ride a bicycle to and from camp
If walking or riding bike: Arrival Time _____ a.m. Departure time _____ p.m.

Does applicant have siblings enrolled in Summer Day Camp? If so, please list names and ages:

Medical Information: (Allergies, Disabilities, etc.)

Please list ANY and all special needs that your child may have, so that we can accommodate them properly.
We want your child to have a FUN experience! Please describe any accommodations which may be needed for child's participation. Please include behavioral or physical concerns you may have.

Field Trip/Swimming Release

My Child, _____, has my permission to participate in field trips as a part of the Warrensburg Parks & Recreation's 2010 Summer Day Camp program. In the event that a mini-walking trip is scheduled, I hereby give permission for my child to walk to and from the location.

My child may also participate in the weekly swimming sessions at Nassif Aquatic Center or the Warrensburg Community Center Pool.

Photographic Release

I hereby do _____ do not _____ consent and authorize Warrensburg Parks & Recreation to reproduce photographs or video taken of my child for education, advertising and publicity purposes of every description.

Parent's Authorization

I, the parent/guardian of the above named candidate for enrollment in Warrensburg Parks & Recreation Summer Day Camp, hereby give my approval to his/her participation in any and all camp activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local program, organizers, sponsors, supervisors, participants and persons for any claim arising out of an injury to my child.

Parent/Guardian Signature _____

Date _____

