

# The Rec Summer Day Camp - 2025

Camper Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ **BOY** **GIRL**

Shirt Size **YS YM YL AS AM AL AXL** Current grade: (2024-25) **K 1 2 3 4 5**

## PARENT/GUARDIAN & EMERGENCY INFORMATION

Head of Household Information Parent/Guardian

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

email \_\_\_\_\_

Additional Contact and Pick up: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Contact and Pick up: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Contact and Pick up: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Person's **NOT** authorized to pick up camper

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

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

## HEALTH HISTORY AND AUTHORIZATION FOR TREATMENT

Does the camper have any health concerns and/or special needs or any additional information we need to know ? Explain

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## SPECIFIC APPROVALS NEEDED

**Yes** ☐ **No** ☐ I give my consent to let my child be photographed for use in media publicity or advertisements.

**Yes** ☐ **No** ☐ I give permission for my child to attend scheduled field trips, walks to the park, attend lunch off site, go to the pool, play and be outside and other off-site activities. Transportation may include city or contracted bus.

**Yes** ☐ **No** ☐ I give my permission to Parks and Recreation Staff to apply sunscreen liberally and insect repellent as needed, for outdoor play, field trips and swimming or other water activities. It is expected that sunscreen be supplied by parent/guardian but in case the sunscreen runs out or is not available at their present location, program staff will supply the child with sunscreen/repellent if it is on site.

☐ **I understand** **MEDICATIONS** –I understand that a parent or guardian, age 18 or older, **must administer** any and all necessary ‘meds’ that my child needs during the day. Non-compliance will result in the child being removed from the program. It is required that any medication be given to the child at home before arrival, and/or after departure each day by the parent/guardian.

**Yes** ☐ **No** ☐ Allowed to Walk/Ride Bike to and from home?

**Pool Skills** Diving Board Ready? **Yes** ☐ **No** ☐ Slide Ready? **Yes** ☐ **No** ☐ Deep End Ready? **Yes** ☐ **No** ☐

