



2016-2017 Camp Now & Then Registration Form

Please return this form to: Pittsburg Parks & Recreation
 P.O. Box 688
 Pittsburg, KS 66762

PAST PARTICIPANTS: A new form will need to be completed for the 2016-2017 school year.

- Sign In: 7:40am – 8:15am
- Sign Out: 4:30pm – 5:15pm
- Camp sessions will be held at Lakeside Elementary, 709 S. College – Enter in south doors on Adams Street.

2016-2017 OUT OF SCHOOL DATES	
MONTH	USD 250
September	-
October	10, 14, 17
November	7, 23
December	22-23, 27-30
January	3, 16
February	20
March	13, 17, 20 - 24
April	14, 17

**Please note, dates above include days that Camp Now & Then is offered. School is also out on December 26th & January 2nd but camp is not offered on these dates.*

\$11.00 per day per child registration fee must be paid at the time of registration.

How did you hear about Camp Now & Then?

<input type="checkbox"/> Internet	<input type="checkbox"/> Child's School
<input type="checkbox"/> Email	<input type="checkbox"/> Friend
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Brochure/Flyer
<input type="checkbox"/> Childcare	<input type="checkbox"/> Other (Specify) _____

If mailing in, please circle one payment method:

Cash Check (Check # _____) Visa Mastercard Discover American Express

Name on card: _____ Card#: _____

Expiration date: _____ Signature: _____

Camper Information

Child's Name: _____

Address: _____

Birth Date: _____ **Age:** _____ **Gender:** M F

Parent/Guardian Information

Mother's Names: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

Father's Names: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Email: _____

In case of an emergency, please list two additional people & their phone numbers in which we can contact:

1. _____

2. _____

Please list three contacts that are allowed to pick your child up:

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

Are there any special family situations where a parent/guardian is not allowed to visit the child? _____

If YES, please explain _____

Are there any other special circumstances? _____

Does your child have any allergies? **YES** **NO**

If so, what kind? _____

What is the severity level of the allergies? **Good** | **Fair** | **Serious/Severe** | **Critical**

Be sure to notify the program instructor of the recommended treatment and fill out a medical form.

Does your child have any other medical problems in which we should be aware of?

Are there any restrictions on your child’s participation in playground activities? _____

Should we be aware of any special fears that your child may have? _____

Will your child be walking to and/or from the program? _____

Additional Comments: _____

LIABILITY WAIVER

I, as the parent(s) or legal guardian(s) of _____
have requested that he/she be a participant in the Pittsburg Parks and Recreation program “Camp Now & Then”.
I understand that the child mentioned above is participating in this program at his/her own risk. I hereby release
the Pittsburg Parks and Recreation Department and everyone connected therein from any and all claims and
liabilities of any nature that may arise from the above mentioned child’s participation.

Signature: _____ Date: _____
Parent(s)/Legal Guardian(s)

LATE FEE ACKNOWLEDGEMENT

I, as the parent(s) or legal guardian(s) understand that the Camp Now & Then program ends at 5:15pm and that
my child/ren must be picked up by that time. I understand that a fee of \$5.00 will be assessed for each five (5)
minutes after 5:15pm a parent is late (e.g., 5:21pm arrival will result in a \$10.00 fee). I also understand that if
my child has not been picked up by 5:45pm and attempts to contact parents and emergency contacts have been
unsuccessful, the police may be called. I acknowledge that PPRD reserves the right to terminate enrollment for
recurrent late pick-up.

Signature: _____ Date: _____
Parent(s)/Legal Guardian(s)

**Please include a 2 ½” x 3 ½” maximum picture of your child with your registration form.
This will be kept on file and returned at the end of the camp.**

CHILD'S NAME _____

EMERGENCY MEDICAL FORM

In case of an emergency may your child be transported by emergency vehicle? _____

To what medical facility? _____

Name of family physician: _____

Address: _____

Phone: _____

Insurance Company: _____ Policy #: _____

PARENTAL EMERGENCY CONSENT:

This consent gives permission for medical care in parental absence and must be presented upon admission for treatment. Every effort will be made to notify the parent or guardian immediately in case of an emergency, injury, or illness. In the event that the parent cannot be contacted or arrive at Camp in ample time, the child will be transported by Ambulance in an emergency situation. In the event that my child, _____, requires medical or surgical care while I am out of the city or unable to be reached, I hereby give consent to medical treatment to

_____ Hospital and Dr. _____ or
his/her designate to provide care.

Pittsburg Parks and Recreation does not pay physician fees or medical expenses of children who are injured during Parks and Recreation sponsored activities.

Signature of Parent/Guardian

Date