

# Spring Break Camp

Monday-Friday, March 8-12  
8:30 am - 4:00 pm  
Holcom Park Recreation Center  
\$95 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 4:00pm.** 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](http://www.lprd.org). For more information regarding the Holcom Spring Break Camp, (**CDC GUIDELINES WILL BE FOLLOWED. MASKING, TEMPERATURES, SOCIAL DISTANCING WILL BE REQUIRED WITH THIS PROGRAM**). For Additional Program Info. Please Contact: **Keenan Hamilton 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 '21) \_\_\_\_\_ 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 (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless 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 emergency, I authorize City officials to secure from any licenses hospital; physician or medical personnel any treatment deemed necessary from 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 materials 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 the participants(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.

\_\_\_\_\_  
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 OPV (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 \_\_\_\_\_