

# JEFFERSON CITY PARKS AND RECREATION 2017 CAMPER INFORMATION FORM

Submission of this form is required before registering for any Jefferson City Parks and Recreation summer day camps.  
*This is NOT a registration form.*

Ways to submit your camper information form:

- Email to [jcparks@jeffcitymo.org](mailto:jcparks@jeffcitymo.org)
- Mail or hand deliver to Jefferson City Parks and Recreation, 427 Monroe St., Jefferson City, MO 65101
- Fax to 573-634-6489 (Please call to confirm fax receipt)

***DON'T WAIT TO TURN IN YOUR CAMPER INFORMATION FORM!***  
Depending on registration volume, you may have to wait up to one business day after submitting this form to register for camps. There is no fee for completing this form.

## CAMPER INFORMATION

<b>Camper Name:</b>		<input type="checkbox"/> M	<input type="checkbox"/> F	<b>DOB:</b>	
<b>Mailing Address:</b>			<b>City, State, Zip:</b>		
<b>Is camper staying at address listed above during camp week(s)?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Grade Fall 2017:</b>	

If "no", list name and address of person responsible for camper during camp week(s):

## PARENT/GUARDIAN INFORMATION

Name:		Phone:	(h)		(w)		(c)	
Relationship:	Reside with camper?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Email address:				

  

Name:		Phone:	(h)		(w)		(c)	
Relationship:	Reside with camper?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Email address:				

## EMERGENCY CONTACT INFORMATION

If legal guardians cannot be reached in case of sudden illness or accident, please list two people camp staff may contact and who can pick up your child from camp if necessary.

Name:	Relationship:
Phone: (home)	(work) (cell)

  

Name:	Relationship:
Phone: (home)	(work) (cell)

## MEDICAL INFORMATION

Primary Physician Name:	Phone:
Dentist Name:	Phone:
Hospital Preference:	Capital Region Medical Center      St. Mary's Health Center
If emergency treatment is required and the parents cannot be reached immediately, may the camp authorities use their judgment in calling the physician indicated above or, if not available, and alternate doctor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If not, what do parents want done?	
Food Allergies:	
Environmental Allergies:	

Please note: Camp staff are not permitted to administer any type of medication for any youth day camp participant. **EpiPen users:** *certified staff members are allowed to administer an EpiPen with advance notification and signed authorization form.*

If camper needs medication, describe administration plan for procedure:

List special needs/accommodations:

List other pertinent medical history:

Please provide any information which would aid us in better meeting your camper's needs (i.e., strengths and/or weaknesses, recent death in the family, gets homesick easily). All information will remain confidential.

Should your camper's activities be restricted in any way?

If yes, please explain.

#### CAMP PERMISSIONS

Do you wish to restrict your child to being picked up by only certain persons?  YES  NO

If yes, designate those who are authorized to pick up your child:

Is your child allowed to swim in the deep end when visiting the pool?  YES  NO

Do you give permission for your child to attend camp field trips?  YES  NO

#### RELEASE OF LIABILITY

The undersigned release the Jefferson City Parks and Recreation Commission, the Jefferson City Department of Parks and Recreation and its staff, the City of Jefferson, and activity co-sponsors from all liability. Any falsification on registration information will result in dismissal from the program with no refund allowed. The Department of Parks and Recreation has my permission, both during and any time after to use the likeness, name, voice, or words of the participant in either television, radio, film, newspaper, and the media, and in any form for the purpose of advertising or communicating the purposes and activities of the Department of Parks and Recreation.

Participant (if 18 or older) or Guardian Signature:  
*Type full name if signing electronically*

Date: