

2011

C.O.P.S. Camp Enrollment

CHALLENGE, OVERCOME, PERSEVERE, SUCCEED



St. Charles Parks & Recreation
1900 Randolph Street
St. Charles, MO 63301
(636) 949-3372

2011 C.O.P.S. Camp Enrollment Packet

PERSONAL INFORMATION

Child's Name: _____ Birth Date: _____
Mother's (or Guardian) Name: _____ Father's (or Guardian) Name: _____
Mother's Address: _____ Father's Address: _____
Mother's Email: _____ Father's Email: _____
Mother's Cell: _____ Father's Cell: _____

Mother's Phone: _____ Father's Phone: _____
Mother's Work Phone: _____ Father's Work Phone: _____
School Child Attends: _____ Grade: _____ Age at time of Camp: _____

Child lives with: Both Parents Mother Father Guardian Other

Shirt Size: Youth Medium (10/12) Youth Large (14/16) Adult Small Adult Medium
Other Size _____

EMERGENCY CONTACT / GUARDIAN AUTHORIZATION

ONLY these individuals have my authorization to care for my child in the event of an emergency and/or for drop-off and pick-up. (Must be 18 years old). Please advise these individuals that they are authorized and will need to present identification to C.O.P.S. Camp staff.

Name/Relation: _____ Phone: _____
Name/Relation: _____ Phone: _____
Name/Relation: _____ Phone: _____
Name/Relation: _____ Phone: _____
Name/Relation: _____ Phone: _____

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MEDICAL INFORMATION

Physician: _____ Address: _____

Phone: _____

Insurance: _____ ID#: _____

Group#: _____

Allergies or Intolerance to Food, Medication, Etc.: _____

Medications currently taking: _____

Will medications need to be given at camp: Yes No If yes, time and dose: _____

Medications are to be held by C.O.P.S. Camp staff, and, we will remind your child to take medications if we are made aware of dosage and times.

Does your child need accommodations (ie. Sign language interpreters, accessible facilities, etc.) to participate.

Yes No If yes, please explain: _____

WAIVER FOR PARTICIPATION

I do hereby give the St. Charles Parks & Recreation Department or persons or agencies operating in its authorized behalf complete permission:

PLEASE CIRCLE

- | | | |
|---|-----|----|
| 1. To take me/my child on any trip which is planned and supervised by the City of St. Charles Parks & Recreation Department | YES | NO |
| 2. To take me/my child to and from designated program sites in insured vehicles provided by the City of St. Charles Parks & Recreation Department | YES | NO |
| 3. To take pictures of me/my child during Department sponsored events and use such pictures in promotional materials for the City of St. Charles Parks & Recreation Department. | YES | NO |
| 4. In the event that I cannot be reached in an emergency I hereby give permission to the physician selected by the City of St. Charles Parks & Recreation Department to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me/my child as named above at my expense. | YES | NO |

Personal Release Statement: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition of this child. I agree to indemnify and hold harmless the City of St. Charles and it's employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in C.O.P.S. Camp activities. I understand I/my child can be excluded at anytime during the program by staff if it is judged that I/my child have/has hampered the safety, welfare or enjoyment of other participants in the program.

Parent / Guardian Signature: _____ Date: _____