



# Camp Experience 2017 Information Form

Please circle the week(s) you are signing up your child(ren):

Week 1: June 26-30

Week 2: July 3-7

Week 3: July 10-14

Week 4: July 17-21

Week 5: July 24-28

Week 6: July 31-August 4

### Childs Personal Information

<b>Childs Name</b>	<b>Gender</b>	<b>Age</b>	<b>Birth Date (MM/DD/YY)</b>
<b>Shirt Size (Circle One)</b>	<b>Youth: XS S M L</b>	<b>Adult: S M L XL 2XL 3XL</b>	

### Childs Health History

Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues we should be aware of, including chronic health problems (if none please note N/A):

### Parent's / Guardian's Information

<b>Legal Guardians Name(s)</b>	<b>Email Address</b>
<b>Home Address (if different) (Street, City, Zip)</b>	<b>Home Telephone (if different)</b>
<b>Cell Phone</b>	<b>Work Phone</b>

### Emergency Contact Information

<b>Contact Name</b>	<b>Relationship to Child</b>	<b>Address (Street, City, Zip)</b>	<b>Telephone</b>
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### Child Release List

Identify additional authorized individuals who have permission to pick up your child from camp other than the guardians and emergency contact:

**All individuals picking up a Child up from the must present a current form of photo of ID or Community Center membership card.**

Additional Sibling's Personal Information			
Childs Name	Gender	Age	Birth Date (MM/DD/YY)
Shirt Size (Circle One)	Youth: XS S M L	Adult: S M L XL 2XL 3XL	
Childs Health History			
Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues the BRiCk should be aware of, including chronic health problems (if none please note N/A):			

Additional Sibling's Personal Information			
Childs Name	Gender	Age	Birth Date (MM/DD/YY)
Shirt Size (Circle One)	Youth: XS S M L	Adult: S M L XL 2XL 3XL	
Childs Health History			
Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues the BRiCk should be aware of, including chronic health problems (if none please note N/A):			

Parent / Guardian's Assessment of Child's Swimming Ability	
<input type="checkbox"/>	My child(ren) is afraid of the water
<input type="checkbox"/>	Beginner - my child(ren) needs assistance to float, and does not jump into the pool, somewhat apprehensive of the water.
<input type="checkbox"/>	Intermediate/Advanced – my child(ren) can hold breath underwater, float unassisted, and swim short distances.
<input type="checkbox"/>	My child(ren) is not allowed to swim
<input type="checkbox"/>	Any additional information you would like to provide:

Release of Liability and Assumption of Risk Statement		
<p>I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages against Maryville Parks and Recreation and the City of Maryville, Missouri its successors and assigns, it's employees, agents, attorneys, elected/appointed officials and directors harmless for any and all injuries suffered by myself or my child at any activity sponsored by these groups. (Parent or guardian must sign if participant is under 18 years of age.)</p> <p>I also give permission for any photographs taken during these activities to be utilized for promotional purposes by Maryville Parks and Recreation now and in the future.</p>		
Participant/Parent/Legal Guardian Signature	Relationship to Participant	Date