



2019 SPARC Summer Program Enrollment Form

Camp Summer Adventure Ritter Springs Summer Quest

Pick-up / Drop-off Location Harrison Elementary Glendale High School Watkins Elementary
 (Each camp must choose a location)

Before & After EXPLORE Fremont McBride Truman Westport Williams Carver**
 **Carver is After Explore ONLY

PARTICIPANT #1		PARTICIPANT #2		PARTICIPANT #3	
Name: _____		Name: _____		Name: _____	
M <input type="checkbox"/> / F <input type="checkbox"/>	Birth Date: _____ Age: _____	M <input type="checkbox"/> / F <input type="checkbox"/>	Birth Date: _____ Age: _____	M <input type="checkbox"/> / F <input type="checkbox"/>	Birth Date: _____ Age: _____
Program Attending: _____ Drop-off Location: _____		Program Attending: _____ Drop-off Location: _____		Program Attending: _____ Drop-off Location: _____	
Swimming: Kiddie Pool Only: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable) Deep End: <input type="checkbox"/> Yes <input type="checkbox"/> No		Swimming: Kiddie Pool Only: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable) Deep End: <input type="checkbox"/> Yes <input type="checkbox"/> No		Swimming: Kiddie Pool Only: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable) Deep End: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child take any medication during: School Year: <input type="checkbox"/> Yes <input type="checkbox"/> No Summer: <input type="checkbox"/> Yes <input type="checkbox"/> No List Medications: _____		Does your child take any medication during: School Year: <input type="checkbox"/> Yes <input type="checkbox"/> No Summer: <input type="checkbox"/> Yes <input type="checkbox"/> No List Medications: _____		Does your child take any medication during: School Year: <input type="checkbox"/> Yes <input type="checkbox"/> No Summer: <input type="checkbox"/> Yes <input type="checkbox"/> No List Medications: _____	
If medication will need to be administered during a program by our staff then a <u>Medication Form</u> must be completed!					
For Office Use Only:					
Active: ____ Receipt # _____		Active: ____ Receipt # _____		Active: ____ Receipt # _____	
Date Received: _____ Received By: _____ CC Authorization Form: <input type="checkbox"/> Yes <input type="checkbox"/> No					

PARENT / GUARDIAN #1			PARENT / GUARDIAN #2		
Name: _____		DOB: _____	Name: _____		DOB: _____
Address: _____		City: _____ Zip: _____	Address: _____		City: _____ Zip: _____
Home Phone: _____		Cell Phone: _____	Home Phone: _____		Cell Phone: _____
Employer: _____		Work Phone _____	Employer: _____		Work Phone _____
E-mail: _____			E-mail: _____		

EMERGENCY INFORMATION:	
In case of an emergency, which hospital do you prefer?	
Doctor: _____	Phone: _____
Allergies/Reactions (include food, drug, other): Specify which child: _____	

SPECIAL ACCOMMODATIONS
Is your child able to participate in recreation activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Participation limitations and/or restrictions:</i> _____ If necessary, please describe any accommodations (medical, physical, or behavioral needs) and/or other information that will assist camp staff in helping your child get the most out of our camp. (SPECIFY CHILD'S NAME) _____ _____

PICK-UP AUTHORIZATION

Parent/Guardian #1 _____ Cell Phone: _____

Parent/Guardian #2 _____ Cell Phone: _____

Emergency Contact #1 _____ Relationship: _____

**Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone: _____ Cell or Work Phone: _____

Emergency Contact #2 _____ Relationship: _____

**Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone: _____ Cell or Work Phone: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

***Name of person(s) NOT allowed to pick up my child:** _____

Appropriate custody paperwork must be attached if a **parent is not allowed to pick up a child.*

PROGRAM RELEASES & AKNOWLEDGEMENTS

_____ Initial	<p>Swimming Swimming involves transportation to and from pools and swimming at them. All participants must pass a swim test before being allowed to swim in the deep end. I grant permission for my child(ren) to swim and be transported for swimming during the programs.</p>
_____ Initial	<p>Field Trips Day Camp activities involve transportation to and from the destination. I grant permission for my child(ren) to be transported to field trips during the programs.</p>
_____ Initial	<p>Emergency Clause In the event I cannot be reached in an emergency, I hereby give my permission to employees of this SPARC program to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.</p>
_____ Initial	<p>Media Release I hereby grant permission to record the participants likeness and/or voice for use by television, films, radio, or printed media to further the aim of the Springfield - Greene County Park Board program(s) in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit.</p>
_____ Initial	<p>Release Clause The undersigned hereby releases and holds harmless this SPARC program and any officers, employees or agents thereof, including without limitation the Springfield-Greene County Park Board, City of Springfield, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.</p>
_____ Initial	<p>Refund, Cancellation, and Transfer Policy Refund, Cancellation and Transfer requests must be submitted in writing five (5) business days before the program begins. All REFUND, LATE-CANCELLATION, and LATE-TRANSFER REQUESTS will be charged a \$10.00 processing fee. ALL REQUESTS submitted after the program start date will be denied. *NOTE - Online registration convenience fees are non-refundable.*</p>
_____ Initial	<p>Late Registration Fee All payments must be made by 10:00 a.m. on the Wednesday prior to the week your child is to attend the program. We urge you to register as soon as possible, as most weeks fill quickly. If spaces remain after Wednesday at 10:00 a.m., registrations will continue and be assessed a \$10 Late Fee.</p>
_____ Initial	<p>Late Pick-Up Policy All participants must be picked up no later than 6:00 pm. Any guardian arriving late, will be charged \$5.00 for each 15 minutes he or she is late. Participants will not be allowed to return to the program until this fee is paid. If a parent is late more than three times, the child will not be allowed to return to the SPARC program.</p>
_____ Initial	<p>Insufficient Funds Policy Individuals with insufficient funds will no longer be registered for that week. If space is available, those individuals may re-register by paying with cash or money order. A \$30 fee (\$20 insufficient funds fee plus \$10 late fee) will be charged in addition to the program fee.</p>

I am aware of all the releases and policies stated above:

Signature of Responsible Party _____ Date: _____