

2025 SUMMER DAY CAMP INFORMATION FORM: 7:15 AM - 5:30 PM Monday-Friday

Registration is on a first-come, first serve basis. Waiting lists form when program fills.

Child's Name _____

Birth Date _____ Age _____ Sex _____

Mother's Name _____

Phone # (H/C) _____ (W) _____

Father's Name _____

Phone # (H/C) _____ (W) _____

Emergency Contact (other than parents)

Name _____

Phone (H/C) _____ (W) _____

Authorized Pick-Up List

(Other than Parents, attach additional page for more authorized individuals)

1. Name _____ Phone _____

2. Name _____ Phone _____

Please check all that apply:

Week 1 May 27 - 30*:

BTN CCL CCN PTA

Week 2 June 2 - 6:

BTN CCL CCN PTA

Week 3 June 9 - 13:

BTN CCL CCN PTA

Week 4 June 16 - 20*:

BTN CCL CCN PTA

Week 5 June 23 - 27:

BTN CCL CCN PTA

Week 6 June 30 - July 3*:

BTN CCL CCN PTA

Week 7 July 7 - 11:

BTN CCL CCN PTA

Week 8 July 14 - 18:

BTN CCL CCN PTA

Week 9 July 21 - 25:

BTN CCL CCN PTA

Week 10 July 28 - Aug. 1:

BTN CCL CCN PTA

*No Camp May 26, June 19 & July 4

Back to Nature (BTN), Camp Connections Lake (CCL) Camp
Connections North (CCN), Passport to Adventure (PTA)

Daily drop-off time _____ and pick-up time _____

Weekly fee \$135. A \$25 non-refundable/non-transferable registration fee
per week is due at time of registration, and then 10 days prior to camp, the
remaining weekly fee of \$110 must be paid. Please read our refund policy.
Federal Tax ID #48-6028759

Camps will swim each day when weather is permitting. My child has permission to swim at the pool. Yes No

My child can swim. Yes No If yes, my child has permission to go off any slides or diving boards at the pool. Yes No

Please list anything else we will need to know about your child for swimming. _____

Shawnee County Parks + Recreation Day Camps are licensed day camps, operating in compliance with the requirements of the State of Kansas Department of Health and Environment. Licensing requires that all forms must be filled out completely with the parent/guardian signature before your child is allowed to attend camp.

My child has permission to have help with applying sunscreen and bug spray.

Yes No

In consideration of our participation in this activity, and in acknowledgement to the law, we hereby release and discharge Shawnee County Parks + Recreation and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we may suffer as a result of our participation in this recreational activity. We are not waiving or releasing Shawnee County Parks + Recreation from intentional acts of damage, nor for damages caused by the gross and wanton negligence of Shawnee County Parks + Recreation since the areas utilized under this program are a park, and playground or open area under K.S.A. 7(0). We also understand that the Shawnee County Parks + Recreation is not responsible for and cost incurred for medical services for illness, injuries, and damages to others or ourselves in connection with this activity. Shawnee County Parks + Recreation reserves the right to use event pictures for publication. SCP+R does not discriminate against any person on the basis of race, color, sex, national origin, age or handicap in the operation of any programs, activity or facility.

Parent/Guardian Signature: _____

Date: _____