

**2025 CIVITAN SUMMER 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 the week's child will be attending:**

☐ **Week 1 June 2 - 6:**

☐ **Week 2 June 9 - 13:**

☐ **Week 3 June 16 - 20\*:**

☐ **Week 4 June 23 - 27:**

☐ **Week 5 June 30 – July 3\*:**

☐ **Week 6 July 7 - 11:**

☐ **Week 7 July 14 - 18:**

☐ **Week 8 July 24 - 28:**

**\*No camp June 19 & July 4**

**Camp Hours: 9:00 am to 3:30 pm.**

**Pre-Care 8:30-9:00 am YES NO**

**Post Care 3:30-5:00 PM YES/NO (if yes, possible pick up time\_\_\_\_\_)**

**Weekly fee \$135. A \$25 non-refundable registration/non-transferable 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. 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:** \_\_\_\_\_