City Of O'Fallon Camp Sign ups

CAMP JACK

Office use only:

Family _____ # of Children_____

- There are two sections to this packet of paperwork.
- Section A must be filled out completely. This is policy information and an authorized pickup list for the entire family.
- Section B is for each individual child. If you have **two children,** you will need to fill out **TWO** section B's.
- Any paperwork that does not have original handwriting, has information missing or is illegible will not be allowed to register until corrected.
- By completing this paperwork, it **DOES NOT GUARANTEE your child(ren) a spot with our camp**. Spots are guaranteed once registration and payment are taken.
- March 12th, 2016 @ 7am registration opens for **RESIDENTS AND RSC MEMBERS ONLY.** If you are a non-resident and not a member, you will be asked to come back on the 28th of March. No exceptions will be made. Please be prepared to prove your residency.
- To prove residency you must show proof of identity and proof of residency. Proof of Identity (Driver's license, Military ID, Passport) MUST show current O'Fallon address. Proof of residency can be an unpaid utility bill, personal check with pre printed address, voter registration card, personal property tax statement, current rental/lease or house contract, with current O'Fallon address.
- If you are unsure if you are considered a resident, please call the front desk and they can verify for you. 636-474-2732.
- If your child plans on attending more than one O'Fallon camp, separate paperwork for each camp will need to be completed so that each site has an original copy.

Family Address _____

City _____ State _____ Zip Code _____

#1 Emergency Contact Name:_____ Phone #_____

#2 Emergency Contact Name:_____ Phone #_____

Email: _____ **(REQUIRED) PARENT LETTERS WILL ONLY BE EMAILED!**

SECTION A

Youth Camp Policy **Please read carefully and sign.**

Discipline Policy

We utilize and encourage the practice of praise and positive reinforcement as effective methods of behavior management. We believe that when participants receive positive, non-violent, and understanding interactions, they can develop good self concept, problem-solving abilities, and self-discipline.

Behavior Management Policy: The City of O'Fallon Parks and Recreation Department supports and practices the following Behavior Management Policies: (Complete Staff Policies are available at Camp Locations)

Quiet Reprimand/Verbal Warning
After repeated behavior problem, the camper is removed from the activity.
After repeated behavior problem, a meeting is scheduled with the leader/director, the incident documented and parent/guardians are made aware of the situation.
Additional behavior problems will constitute parents being called, second written incident report given to parent/guardian and a possible 1-2 day suspension from the program.
If negative behavior persists, a third written incident report constitutes that the participant will be dismissed from the program and no refunds will be given.
For severe offenses, such as but not limited to fighting, theft, vandalism, possession of weapons or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately, without warning, and no refund will be given.

Payment Policy

Full payment is due at time of registration by cash, check, credit card (Visa or MasterCard) or money order.

Refund Policy

100% refund/credit/transfer if the City of O'Fallon Parks and Recreation Department cancels the program for any reason.
All refund requests received in writing at least 14 days in advance of the start date of a program are entitled to either:
100% transfer of fees for another program; or
A service fee of $5.00 or 10 percent (whichever is greater) will apply to refunds initiated by the customer.
Refund/credit/transfer requests received less than 14 days prior to start date of a program will not be granted.
Refunds for medical reasons requested prior to the start date of program will be granted at 100% subject to verification.
A transfer must be requested at the time of withdrawal.

A credit may be applied to another program within the current season or a future season. A credit may be used by any family member on the same registration account.

Medication/Medical Treatment

Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program. A medication permission slip form must be signed and filled out by a parent or guardian. Every effort will be made to contact parents/guardians in the case of medical emergency. By signing below, if I cannot be reached I authorize the City of O'Fallon Staff to seek appropriate medical care. This permission extends from minor first-aid treatment to (under a doctor's care) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary. If needed, the emergency vehicle will go to St. Joseph West for M.A.C.K. camp and Progress West for Camp J.A.C.K.

Transportation

O'Fallon Parks and Recreation may transport participants in vehicles provided by the City of O'Fallon or contracted by the department. All field trips and special events require a separate permission slip. If you choose not to attend the field trip, the child must stay home. We will not provide supervision for the children back at camp.

Dress Code

In order to maintain a positive experience and to focus on the safety of campers, the O'Fallon Parks and Recreation recommends appropriate attire. Campers will participate in recreational or athletic activities almost everyday so they should wear cool, comfortable clothing, and jewelry should be left at home. If a child arrives at camp without appropriate attire, parents will be asked to bring appropriate clothing or will be required to come pick-up their child. Certain camps may have additional clothing requirements.

Unacceptable attire:

Sandals or flip-flops
Shirts with Spaghetti Straps
Clothing that displays drugs, alcohol, tobacco or gang references
Excessively loose pants or shirts

Photography Waiver

Pictures may be taken of my child while participating in City activities and may be used for program publicity.

Late Pick-up Policy

Participants that are picked up later than the closing time of camp will be charged a late fee. Children registered for camp only must be pick-up by 3:45 pm. Children registered for Sun Downers must be picked up by 6:00 pm. There will be no exceptions including but not limited to traffic, construction, personal affairs, or weather. The fee is as follows: For the first fifteen minutes that you are late you will be charged $10.00. You will then be charged an additional $5.00 for every 10 minutes you are late after that.

JACK Camp Only		JACK Sun Downers Camp Only		MACK Camp Only	
3:46-4:01p.m.	$10.00	6:01-6:16p.m.	$10.00	4:01-4:16p.m.	$10.00
4:02-4:12p.m.	$15.00	6:17-6:27p.m.	$15.00	4:17-4:27p.m.	$15.00
4:13-4:23p.m.	$20.00	6:28-6:38p.m.	$20.00	4:28-4:38p.m.	$20.00
4:24-4:34p.m.	$25.00	6:39-6:49p.m.	$25.00	4:39-4:49p.m.	$25.00

Sign In & Out Policy

Children are not permitted to check themselves in or out of Camp. Therefore, counselors will not allow campers to walk or ride their bikes to and from camp. No child will be allowed to stay at the pool once their designated swim time is over. All campers must travel back to camp with their group.

Lost Items

The City of O'Fallon Parks and Recreation Department is not responsible for any personal items lost or stolen at our programs.

Sunscreen Policy

Due to liability issues camp staff will not be allowed to apply sunscreen or any kind of ointment to children without a Doctor's approval. The staff will remind children to put sunscreen on themselves during the day. It is also highly recommended that children wear light t-shirts for all outdoor activities. Please discuss with your child the need to be protected from the sun's rays.

Release & Indemnity Agreement

I for myself and on behalf of my child understand that participating in the recreational program selected involves risk of injury. These risks include, but are not limited to, inclement weather, accidents while traveling, equipment problems or failures, contacts with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing this form, I for myself and on behalf of my child acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and on behalf of my child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I for myself and on behalf of my child agree to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees, officials, officers or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I for myself and on behalf of my child release, waive, and discharge any legal rights that I or my child may assert on behalf of the child participation in the program. I for myself and on behalf of my child also agree not to sue the City, its employees, officials, officers or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

I for myself and on behalf of my child understand that the City of O'Fallon provides no insurance coverage for me or my child. I have read this document thoroughly and understand that by signing below. I am waiving legal rights. I understand and agree to the policies stated above. Signature required to complete process.

Participant's Name _____

Parent/Guardian Signature _____ **Date** _____

SECTION A

O'Fallon Parks and Recreation

Pick Up Authorization for **ALL** children

Parents and Guardians: Please include yourselves on this form!

In case of injury or illness and you can not be reached this list will be used to authorized care for your child(ren). Please put them in the order that you wish us to contact them for such an emergency. Please initial the box if the following people are authorized to pick up your child(ren) from the O'Fallon Parks and Recreation Summer Day Camp program. I understand my child(ren) will be allowed to be picked up by these individuals ONLY. Proper photo identification will be required when signing the child(ren) out of camp. **Be sure to list yourself!** All people listed MUST have address and phone number.

Authorized Person #1 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Authorized Person #2 _____City/State_____
Address_____
Phone_____Relationship_____ ☐

Authorized Person #3 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Authorized Person #4 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Authorized Person #5 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Authorized Person #6 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Authorized Person #7 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Authorized Person #8 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Authorized Person #9 _____
Address_____City/State_____
Phone_____Relationship_____ ☐

Parent/Guardian Signature:_____Date:_____

Camp J.A.C.K. Registration

($95/resident and $106/non-resident)

Child # 1 Name _____Child's birth date (MM/DD/YY) _____Age_____

Section 1 Camp J.A.C.K. (9:00 a.m. - 3:30 p.m.)

Please check all sessions that you would like to attend. Please remember that you must pay in full at the time of registration.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

J.A.C.K Camp
$95/Res or $106/NRes

Early Bird Camp
$27/Res or $31/NRes

Sun Downers Camp
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

Section 2 Early Birds Camp (7:00 a.m. - 9:00 a.m.)

Please check all Early Bird Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Early Birds
$27/Res or $31/NRes

Section 3 Sun Downers Camp (3:30 p.m. - 6:00 p.m.)

Please check all Sun Downer Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Sun Downers
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

*These weeks are prorated.

O'Fallon Parks and Recreation

Non-Injectable Medication Administration Record

This information is confidential and for staff use only.

Parent or Guardian, Please complete the top portion of this form

Child # 1 Name: _____ Age:_____

Emergency Contact #: _____

This participant is free of infectious disease. Yes_____ No _____

This participant is up to date on all immunizations. Yes_____ No _____

This participant is able to participate in recreation activities (with the limitations and restrictions listed on the Authorization form). Yes_____ No _____

Is participant taking medication we should know about? Yes_____ No _____

Does the participant take any medication during the regular school year? If yes, will the participant continue taking the medication during the summer? Yes_____ No _____ Yes_____ No _____

A trained staff member will aid in administering all medication

Name of Prescribed Medicine:_____ For treatment of: _____

Exact Dosage: _____ Time: _____

Date to Begin: _____Date to End:_____ Pharmacy_____RX#_____

Prescribing Physician:_____ Physician's Phone:_____

Please do not send more than a one-day supply of medication at a time.

Medication Forms *must be completed in full* and on file before your child can receive medication.

Please note: If the prescription for the specified medication should change during the summer a new form will need to be completed with the new prescription information.

Medication MUST be sent in a properly labeled container (most pharmacies will give you duplicate bottles). If the prescription changes, please send a *new* properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be readily accessible to be used as required. This is for the safety of all children. Inhalers and epi-pens will **NOT** be kept at camp overnight; you will need to take it home with you each day.

Over-the-counter medications must be sent in the original containers and require a completed Medication Form on file.

The undersigned recognizes that the O'Fallon Day Camp staff member, who will be responsible for ensuring the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication and further acknowledges that neither such person or the O'Fallon Parks and Recreation Department, City of O'Fallon, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label, the undersigned also authorizes a staff member of the O'Fallon Parks and Recreation staff to aid in administering the medication listed above.

Signed_____ Date_____

City of O'Fallon Camp
Parent Authorization Form

Child #1 Name: _____

Identify activities that your child **should not** participate in:

_____

_____

_____

The following are special circumstances regarding my child, that you should be aware of (special medications, allergies, seizures, physical limitations, fears, etc.):

_____

_____

_____

Will your child need **any** accommodations to participate in camp?

Yes _____ No _____ If yes, please explain _____

_____

_____

(For Parents or Guardian) The City of O'Fallon Parks and Recreation Department is committed to conducting the City's recreation programs and activities in a safe manner, and holds the safety of participants in high regards. The City of O'Fallon continually strives to reduce risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents or guardians of minors registering for the above listed programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities and programs. As an adult, you are solely responsible for determining if you, or your minor child or ward, are physically fit, with the prerequisite skills required for the activities contemplated by this agreement. It is always advisable -- especially if the participant is pregnant, disabled in any way, or has recently suffered illness, injury, or impairment -- to consult a physician before undertaking any activity. I give my permission for my child to take part in ALL ACTIVITIES OF THE CITY OF O'FALLON SUMMER CAMP EXCEPT AS NOTED ABOVE.
Recreational activities and programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury and/or death when participating in any recreational activity or program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities or programs exist. In this regard, it must be recognized that it is impossible for the O'Fallon Parks and Recreation Department to guarantee absolute safety. I also agree to grant full permission to the City of O'Fallon to use my name, photograph, videotape, or recordings for any publicity promotion purposes without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE_____ DATE _____

Camp J.A.C.K. Registration

($95/resident and $106/non-resident)

Child # 2 Name _____Child's birth date (MM/DD/YY) _____Age_____

Section 1 Camp J.A.C.K. (9:00 a.m. - 3:30 p.m.)

Please check all sessions that you would like to attend. Please remember that you must pay in full at the time of registration.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

J.A.C.K Camp
$95/Res or $106/NRes

Early Bird Camp
$27/Res or $31/NRes

Sun Downers Camp
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

Section 2 Early Birds Camp (7:00 a.m. - 9:00 a.m.)

Please check all Early Bird Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Early Birds
$27/Res or $31/NRes

Section 3 Sun Downers Camp (3:30 p.m. - 6:00 p.m.)

Please check all Sun Downer Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Sun Downers
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

*These weeks are prorated.

O'Fallon Parks and Recreation
Non-Injectable Medication Administration Record
This information is confidential and for staff use only.
Parent or Guardian, Please complete the top portion of this form

Child # 2 Name: _____ Age:_____
Emergency Contact #: _____

This participant is free of infectious disease. Yes_____ No _____
This participant is up to date on all immunizations. Yes_____ No _____
This participant is able to participate in recreation activities (with the limitations and restrictions listed on the Authorization form). Yes_____ No _____
Is participant taking medication we should know about? Yes_____ No _____
Does the participant take any medication during the regular school year? If yes, will the participant continue taking the medication during the summer? Yes_____ No _____ Yes_____ No _____

A trained staff member will aid in administering all medication
Name of Prescribed Medicine:_____ For treatment of: _____
Exact Dosage: _____ Time: _____
Date to Begin: _____Date to End:_____ Pharmacy_____RX#_____
Prescribing Physician:_____ Physician's Phone:_____
Please do not send more than a one-day supply of medication at a time.

Medication Forms *must be completed in full* and on file before your child can receive medication.

Please note: If the prescription for the specified medication should change during the summer a new form will need to be completed with the new prescription information.

Medication MUST be sent in a properly labeled container (most pharmacies will give you duplicate bottles). If the prescription changes, please send a *new* properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be readily accessible to be used as required. This is for the safety of all children. Inhalers and epi-pens will **NOT** be kept at camp overnight; you will need to take it home with you each day.

Over-the-counter medications must be sent in the original containers and require a completed Medication Form on file.

The undersigned recognizes that the O'Fallon Day Camp staff member, who will be responsible for ensuring the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication and further acknowledges that neither such person or the O'Fallon Parks and Recreation Department, City of O'Fallon, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label, the undersigned also authorizes a staff member of the O'Fallon Parks and Recreation staff to aid in administering the medication listed above.

Signed_____ Date_____

City of O'Fallon Camp
Parent Authorization Form

Child #2 Name: _____

Identify activities that your child **should not** participate in:

_____

_____

_____

The following are special circumstances regarding my child, that you should be aware of (special medications, allergies, seizures, physical limitations, fears, etc.):

_____

_____

_____

Will your child need **any** accommodations to participate in camp?

Yes _____ No _____ If yes, please explain _____

_____

_____

(For Parents or Guardian) The City of O'Fallon Parks and Recreation Department is committed to conducting the City's recreation programs and activities in a safe manner, and holds the safety of participants in high regards. The City of O'Fallon continually strives to reduce risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents or guardians of minors registering for the above listed programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities and programs. As an adult, you are solely responsible for determining if you, or your minor child or ward, are physically fit, with the prerequisite skills required for the activities contemplated by this agreement. It is always advisable -- especially if the participant is pregnant, disabled in any way, or has recently suffered illness, injury, or impairment -- to consult a physician before undertaking any activity. I give my permission for my child to take part in ALL ACTIVITIES OF THE CITY OF O'FALLON SUMMER CAMP EXCEPT AS NOTED ABOVE.
Recreational activities and programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury and/or death when participating in any recreational activity or program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities or programs exist. In this regard, it must be recognized that it is impossible for the O'Fallon Parks and Recreation Department to guarantee absolute safety. I also agree to grant full permission to the City of O'Fallon to use my name, photograph, videotape, or recordings for any publicity promotion purposes without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE_____ DATE _____

Camp J.A.C.K. Registration

($95/resident and $106/non-resident)

Child # 3 Name _____Child's birth date (MM/DD/YY) _____Age_____

Section 1 Camp J.A.C.K. (9:00 a.m. - 3:30 p.m.)

Please check all sessions that you would like to attend. Please remember that you must pay in full at the time of registration.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

J.A.C.K Camp
$95/Res or $106/NRes

Early Bird Camp
$27/Res or $31/NRes

Sun Downers Camp
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

Section 2 Early Birds Camp (7:00 a.m. - 9:00 a.m.)

Please check all Early Bird Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Early Birds
$27/Res or $31/NRes

Section 3 Sun Downers Camp (3:30 p.m. - 6:00 p.m.)

Please check all Sun Downer Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Sun Downers
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

*These weeks are prorated.

SECTION B, CHILD # 3

O'Fallon Parks and Recreation
Non-Injectable Medication Administration Record
This information is confidential and for staff use only.
Parent or Guardian, Please complete the top portion of this form

Child # 3 Name: _____ Age:_____
Emergency Contact #: _____

This participant is free of infectious disease. Yes_____ No _____
This participant is up to date on all immunizations. Yes_____ No _____
This participant is able to participate in recreation activities (with the limitations and restrictions listed on the Authorization form). Yes_____ No _____
Is participant taking medication we should know about? Yes_____ No _____
Does the participant take any medication during the regular school year? If yes, will the participant continue taking the medication during the summer? Yes_____ No _____ Yes_____ No _____

A trained staff member will aid in administering all medication
Name of Prescribed Medicine:_____ For treatment of: _____
Exact Dosage: _____ Time: _____
Date to Begin: _____Date to End:_____ Pharmacy_____RX#_____
Prescribing Physician:_____ Physician's Phone:_____
Please do not send more than a one-day supply of medication at a time.

Medication Forms *must be completed in full* and on file before your child can receive medication.

Please note: If the prescription for the specified medication should change during the summer a new form will need to be completed with the new prescription information.

Medication MUST be sent in a properly labeled container (most pharmacies will give you duplicate bottles). If the prescription changes, please send a *new* properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be readily accessible to be used as required. This is for the safety of all children. Inhalers and epi-pens will **NOT** be kept at camp overnight; you will need to take it home with you each day.

Over-the-counter medications must be sent in the original containers and require a completed Medication Form on file.

The undersigned recognizes that the O'Fallon Day Camp staff member, who will be responsible for ensuring the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication and further acknowledges that neither such person or the O'Fallon Parks and Recreation Department, City of O'Fallon, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label, the undersigned also authorizes a staff member of the O'Fallon Parks and Recreation staff to aid in administering the medication listed above.

Signed_____ Date_____

City of O'Fallon Camp
Parent Authorization Form

Child #3 Name: _____

Identify activities that your child **should not** participate in:

_____

_____

_____

The following are special circumstances regarding my child, that you should be aware of (special medications, allergies, seizures, physical limitations, fears, etc.):

_____

_____

_____

Will your child need **any** accommodations to participate in camp?

Yes _____ No _____ If yes, please explain _____

_____

_____

(For Parents or Guardian) The City of O'Fallon Parks and Recreation Department is committed to conducting the City's recreation programs and activities in a safe manner, and holds the safety of participants in high regards. The City of O'Fallon continually strives to reduce risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents or guardians of minors registering for the above listed programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities and programs. As an adult, you are solely responsible for determining if you, or your minor child or ward, are physically fit, with the prerequisite skills required for the activities contemplated by this agreement. It is always advisable -- especially if the participant is pregnant, disabled in any way, or has recently suffered illness, injury, or impairment -- to consult a physician before undertaking any activity. I give my permission for my child to take part in ALL ACTIVITIES OF THE CITY OF O'FALLON SUMMER CAMP EXCEPT AS NOTED ABOVE.
Recreational activities and programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury and/or death when participating in any recreational activity or program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities or programs exist. In this regard, it must be recognized that it is impossible for the O'Fallon Parks and Recreation Department to guarantee absolute safety. I also agree to grant full permission to the City of O'Fallon to use my name, photograph, videotape, or recordings for any publicity promotion purposes without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE_____ DATE _____

Camp J.A.C.K. Registration

($95/resident and $106/non-resident)

Child # 4 Name _____Child's birth date (MM/DD/YY) _____Age_____

Section 1 Camp J.A.C.K. (9:00 a.m. - 3:30 p.m.)

Please check all sessions that you would like to attend. Please remember that you must pay in full at the time of registration.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

J.A.C.K Camp
$95/Res or $106/NRes

Early Bird Camp
$27/Res or $31/NRes

Sun Downers Camp
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

Section 2 Early Birds Camp (7:00 a.m. - 9:00 a.m.)

Please check all Early Bird Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Early Birds
$27/Res or $31/NRes

Section 3 Sun Downers Camp (3:30 p.m. - 6:00 p.m.)

Please check all Sun Downer Camp sessions that you would like to attend.

_____ May 31-June 3*

_____ June 6-10

_____ June 13-17

_____ June 20-24

_____ June 27– July 1

_____ July 5-8*

_____ July 11-15

_____ July 18-22

_____ July 25-29

_____ August 1-5

FEES:

Sun Downers
$27/Res or $31/NRes

Both Extended Care
$40/Res or $45/NRes

*These weeks are prorated.

O'Fallon Parks and Recreation
Non-Injectable Medication Administration Record
This information is confidential and for staff use only.
Parent or Guardian, Please complete the top portion of this form

Child # 4 Name: _____ Age:_____
Emergency Contact #: _____

This participant is free of infectious disease. Yes_____ No _____
This participant is up to date on all immunizations. Yes_____ No _____
This participant is able to participate in recreation activities (with the limitations and restrictions listed on the Authorization form). Yes_____ No _____
Is participant taking medication we should know about? Yes_____ No _____
Does the participant take any medication during the regular school year? If yes, will the participant continue taking the medication during the summer? Yes_____ No _____ Yes_____ No _____

A trained staff member will aid in administering all medication
Name of Prescribed Medicine:_____ For treatment of: _____
Exact Dosage: _____ Time: _____
Date to Begin: _____Date to End:_____ Pharmacy_____RX#_____
Prescribing Physician:_____ Physician's Phone:_____
Please do not send more than a one-day supply of medication at a time.

Medication Forms *must be completed in full* and on file before your child can receive medication.

Please note: If the prescription for the specified medication should change during the summer a new form will need to be completed with the new prescription information.

Medication MUST be sent in a properly labeled container (most pharmacies will give you duplicate bottles). If the prescription changes, please send a *new* properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be readily accessible to be used as required. This is for the safety of all children. Inhalers and epi-pens will **NOT** be kept at camp overnight; you will need to take it home with you each day.

Over-the-counter medications must be sent in the original containers and require a completed Medication Form on file.

The undersigned recognizes that the O'Fallon Day Camp staff member, who will be responsible for ensuring the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication and further acknowledges that neither such person or the O'Fallon Parks and Recreation Department, City of O'Fallon, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label, the undersigned also authorizes a staff member of the O'Fallon Parks and Recreation staff to aid in administering the medication listed above.

Signed_____ Date_____

City of O'Fallon Camp
Parent Authorization Form

Child #4 Name: _____

Identify activities that your child **should not** participate in:

_____

_____

_____

The following are special circumstances regarding my child, that you should be aware of (special medications, allergies, seizures, physical limitations, fears, etc.):

_____

_____

_____

Will your child need **any** accommodations to participate in camp?

Yes _____ No _____ If yes, please explain _____

_____

_____

(For Parents or Guardian) The City of O'Fallon Parks and Recreation Department is committed to conducting the City's recreation programs and activities in a safe manner, and holds the safety of participants in high regards. The City of O'Fallon continually strives to reduce risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents or guardians of minors registering for the above listed programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities and programs. As an adult, you are solely responsible for determining if you, or your minor child or ward, are physically fit, with the prerequisite skills required for the activities contemplated by this agreement. It is always advisable -- especially if the participant is pregnant, disabled in any way, or has recently suffered illness, injury, or impairment -- to consult a physician before undertaking any activity. I give my permission for my child to take part in ALL ACTIVITIES OF THE CITY OF O'FALLON SUMMER CAMP EXCEPT AS NOTED ABOVE.
Recreational activities and programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury and/or death when participating in any recreational activity or program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities or programs exist. In this regard, it must be recognized that it is impossible for the O'Fallon Parks and Recreation Department to guarantee absolute safety. I also agree to grant full permission to the City of O'Fallon to use my name, photograph, videotape, or recordings for any publicity promotion purposes without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE_____ DATE _____