

# 2010 Olivette Summer Adventures Camp Application Form

PLEASE PRINT LEGIBLY

CHILD'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

GUARDIAN: \_\_\_\_\_ Primary  Secondary  (please note if address is different)

HOME PHONE #: \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

GUARDIAN: \_\_\_\_\_ Primary  Secondary  (please note if address is different)

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

## EMERGENCY CONTACTS

- ↘ Must be other than parent/guardian
- ↘ Must be at least 21 years of age

- ↘ Must be aware of the emergency contact status
- ↘ Must be available during camp hours

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

## MEDIA RELEASE

I hereby grant permission to record my child/ward's likeness and/or voice for use by television, films, radio, or printed media to further the aims of this Summer Adventure Camp and the Olivette Parks & Recreation Department in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit.

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**

**CAMP SHIRT SIZE**

Please place ONE CHECK for shirt size next to the correct size for your child.

**YOUTH** Sm. (6-8)\_\_\_\_\_ Med. (10-12)\_\_\_\_\_ Lg. (14-16)\_\_\_\_\_

**ADULT** Sm.\_\_\_\_\_ Med.\_\_\_\_\_ Lg.\_\_\_\_\_

**ABILITIES AND ACCOMMODATIONS**

So that we may better understand your child, please describe any accommodations (medical, physical, fears, or behavioral needs) and/or other information that will assist camp staff to help your child get the most out of camp. (Please note: our staff will not be responsible for personal care e.g. toileting, feeding tubes, etc...)

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Level of swimming ability:            Beginner                            Intermediate                            Advanced

My Child can swim in the deep end?                            Yes                            No

**EMERGENCY CLAUSE**

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this Summer Adventures Camp and the Olivette Parks & Recreation Department 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.

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**

**RELEASE CLAUSE**

The undersigned hereby releases and holds harmless this Summer Adventure Camp and any officers, employees or agents thereof including without limitations the City of Olivette and the Olivette Parks & Recreation Department, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**