

# Olivette Spring Break Camp Application Form

PLEASE PRINT LEGIBLY

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

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

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

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

MOTHER/GUARDIAN: \_\_\_\_\_

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

FATHER/GUARDIAN: \_\_\_\_\_

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

## EMERGENCY CONTACTS

➤ Must be other than parent/guardian

➤ Must be aware of the emergency contact status

➤ Must be at least 21 years of age

➤ 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 # \_\_\_\_\_

In case of an emergency, which hospital do you prefer? \_\_\_\_\_

## 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 Spring Break 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

**(OVER)**

**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...)

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CLAUSE**

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this Spring Break 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 Spring Break 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**

**FEES**

<u>Resident fees</u>	<u>Non-Resident fees</u>		
\$55.00	\$65.00	Spring Break Camp	9am-3pm
\$11.00	\$13.50	Early drop off	8am-9am
\$11.00	\$13.50	Late pick up	3pm-4pm

RESIDENT: \_\_\_\_\_ NON-RESIDENT: \_\_\_\_\_

Would you like to donate \$1.00 to the scholarship program to enable economically disadvantaged youth opportunity to participate in this program? Yes\_\_\_\_\_ No\_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: CITY OF OLIVETTE**

**FOR OFFICE USE ONLY**

Spring Break Camp \$ \_\_\_\_\_  
 Early Drop off \$ \_\_\_\_\_  
 Late Pick up \$ \_\_\_\_\_  
**TOTAL DUE** \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ CK# \_\_\_\_\_ Cash/Credit Card \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_