



OUTDOOR DISCOVERY CAMP 2012

PERSONAL DATA SHEET



Camper's Name: _____ Nickname: _____ Age: _____

Please circle dates of weeks of attendance and location:

Shawnee Mission Park Shelter #12	5/29	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30
Ernie Miller Nature Center (6-8 yrs)	5/29	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30
Ernie Miller Nature Center (9-12 yrs)	5/29	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30

Specialty Camps:

Amazing Adventures	7/9	June Bug Camp Favorites	6/25
Climbing & Rappelling	6/11 6/25	Jr. Naturalist Camp	6/5 6/12
Fine Art of Nature	7/16	Go Green	6/18
Fishing and Canoeing	6/4 6/18	SOAR Adventure	5/29
Girl Power	7/16	Summer Vacation	6/11 7/9 am 7/9 pm 7/30
Independent Spirit for Girls	7/23	Wonderful Week of Water	7/9

*Please note that specialty camps are offered at Ernie Miller Nature Center, but are not a part of the Outdoor Discovery Camp. There is no before and after care offered for specialty camps. Additional paperwork may be required.

In addition to the questions on the Health History form, please complete the following:

School and grade completed:

What activities does he/she most enjoy?

List any fractures, dislocated joints, sprains, back or neck injuries, hospitalizations or surgeries your child has had in the last 3 years:

Is your child allergic to bees/insect stings? ___ yes ___ no ___ unknown

Do you consider your child in good physical and mental health?

Is there anything else that we need to know about your child in a medical emergency or to help staff meet the needs of your child?

Please name any individuals other than parents who have permission to pick up your child. (Children will not be released to anyone other than those listed, unless a written letter is given to the camp staff.):

Primary contact and phone number during camp hours: _____

Johnson County Park and Recreation Waiver Statement

WAIVER STATEMENT:"The undersigned states that he/she understands that the Johnson County Park and Recreation District is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Johnson County Park and Recreation District, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. **NOTICE:** By enrolling in this program you hereby acknowledge the Johnson County Park and Recreation District can and may photograph and/or video tape program participants and then use such images, without payment or any other consideration, for purposes of publicizing District parks, facilities, programs or services, or for any other lawful purpose.

I have read and I understand the Waiver Statement

X

Signature of Parent or Guardian

X

Participant Name



Outdoor Discovery Camp

Activities, Transportation and Health Products Application Permission Form

I give my child _____ permission to do the following
(Child's Name)

with the Outdoor Discovery Camp:

Participate in these Activities:

(Check all that apply)

- Hiking
- Stream Hikes
- Pond Exploration
- Canoeing (8 yrs and older)
- Kayaking (8 yrs and older)
- Pedal Boating
- Fishing
- Low Ropes Challenge Course
- Swimming (pools & beaches)
- Swimming where they cannot touch bottom
- Go off diving board
- Archery (8 yrs and older)
- BB Gun Riflery (8 yrs and older)

**Please explain any limitations or concerns
for your child participating in these activities:**

Apply Health Products with Supervision: (Check all that apply)

- Insect/Tick Repellent
- Sunscreen

Transportation to and from off-site locations including: Pools & Beaches, Stream Hikes, Boating/Fishing Sites, and Johnson County Park and Recreation District Parks and Facilities. (In addition, parents will need to sign a weekly field trip permission form.)

Signature X _____ Relationship _____ Date _____

CODE OF CONDUCT SIGNATURES

PLEASE BE SURE TO READ AND BE FAMILIAR WITH THE POLICY STATEMENT, CAMP VALUES AND CODE OF CONDUCT AND REVIEW NECESSARY INFORMATION WITH YOUR CHILD.

I Have Read and Understand the Camp Values, JCPRD Code of Conduct and Outdoor Discovery Camp Policy Statement. Please review this information with your child.

X _____
Signature of Camper

X _____
Signature of Parent or Guardian