

NORTH KANSAS CITY COMMUNITY CENTER

SUMMER / WINTER / SPRING CAMP

ENROLLMENT FORM

Camper's Personal Information

Camper's Name	Gender	Age	Birth Date (MM/DD/YY)	Nickname
Camper's Home Address (Street, City, Zip)	Home Telephone		Guardian with whom child resides	
School Attending	Last Grade Completed		Camp Shirt Size	

Parent's / Guardian's Information

Mother or Legal Guardian's Name		Email Address		
Home Address (if different) (Street, City, Zip)		Employed by		
Home Telephone (if different)	Cell Phone		Work Phone	
Father or Legal Guardian's Name		Email Address		
Home Address (if different) (Street, City, Zip)		Employed by		
Home Telephone (if different)	Cell Phone		Work Phone	

Emergency Contact Information

Contact Name	Relationship to Camper	Address (Street, City, Zip)	Telephone
Contact Name	Relationship to Camper	Address (Street, City, Zip)	Telephone

Camper Release List

Identify additional authorized individuals who have permission to pick up your child from camp other than the guardians and emergency contact:

All individuals picking up a camper up from Camp must present a current form of photo of ID. This will be required until the site staff is familiar with you. However, substitute staff is necessary at times, therefore, we strongly encourage that all authorized individuals carry a photo ID each time the camper is picked up from Camp

Camper's Health History

Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues NKCCC should be aware of, including chronic health problems:

Additional Sibling's Personal Information

Camper's Name	Gender	Age	Birth Date (MM/DD/YY)	Nickname
School Attending	Last Grade Completed		Camp Shirt Size	

Camper's Health History

Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues NKCCC should be aware of, including chorionic health problems:

Additional Sibling's Personal Information

Camper's Name	Gender	Age	Birth Date (MM/DD/YY)	Nickname
School Attending	Last Grade Completed		Camp Shirt Size	

Camper's Health History

Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues NKCCC should be aware of, including chorionic health problems:

Additional Sibling's Personal Information

Camper's Name	Gender	Age	Birth Date (MM/DD/YY)	Nickname
School Attending	Last Grade Completed		Camp Shirt Size	

Camper's Health History

Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues NKCCC should be aware of, including chorionic health problems:

Insurance Information

Insurance Company	Group #
Policy Holder's Name	Policy #

Physician Information

Doctor's Name	Telephone
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Parent / Guardian's Assessment of Child's Swimming Ability

My child(ren) is afraid of the water
Beginner - my child(ren) needs assistance to float, and does not jump into the pool, somewhat apprehensive of the water.
Intermediate . my child(ren) can hold breath underwater, float unassisted, and swim short distances.
Advanced . my child(ren) can swim lengths of the pool unassisted and can swim underwater for multiple body length.
My child(ren) has had a traumatic experience in the water.
Would you like to be contacted about Private Swim Lessons?

Any additional information you would like to provide:

Signature of Parent / Guardian	Date
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Program Enrollment Agreement

I consent to the aforementioned child(ren) participating in any NKCCC Camp programs or activities, either on or off camp property. My child(ren) has permission to participate in all NKC Community Center Camp activities including field trips. I understand that my child(ren) will be transported by bus and/or foot. I acknowledge that participation in camp activities has inherent risk. I have provided a list of all persons who have permission to sign in and sign out for my child(ren). If my child is experiencing problems in the program, a conference will be arranged between the parent/guardian and NKCCC Staff.

Signature of Parent / Guardian	Date
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Promotional Waiver

I grant any pictures taken of my child(ren) at camp to be used for publicity and promotional purposes. This completed form may be photocopied. I have read the above and understand its meaning.

Signature of Parent / Guardian	Date
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Release of Liability and Assumption of Risk Statement

In consideration of being permitted to participate in physical activities conducted at the North Kansas City Community Center, I, for myself, my spouse, my children/dependents, legal representatives, heirs and assigns, hereby release, waive and discharge the City of North Kansas City, Missouri, its officials, citizens, and residents, and each of them, their employees, agents, and servants herein referred to as releasees, from all liability to me, my spouse, my children/dependents, legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting there from, on account of injury to my person or property, or whether caused by the negligence of releasees or otherwise while I am competing, engaging in or for any purpose participating in physical activities of any type. I agree to indemnify the releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in or upon the North Kansas City Community Center, whether caused by the negligence of the releasees or otherwise. I authorize that all necessary first aid steps may be taken as prescribed by personnel. I hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of releases or otherwise while competing, officiating in, engaging in or for any purpose participating in physical activities of any type at the NKCCC. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by laws of the state of Missouri, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect, I am solely responsible for payment of all cost resulting from rendering of medical aid and ambulance service to me and/or my children. I authorize that all necessary fitness level appropriateness for strenuous activity prior to participating in any activity at the North Kansas City Community Center. Participation in all activities is a voluntary basis. My children, if any and I choose to participate in all activities at our own risk.

Signature of Parent / Guardian	Date
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