



**Ernie Miller Nature Center
Half Day Camps
2023 PERSONAL DATA FORM**



Summer Tots (ages 4-5): 9 am - 12 pm

- | | | |
|--|---|---|
| <input type="checkbox"/> Wetland Wonders 6/5 | <input type="checkbox"/> Feathered Friends 6/12 | <input type="checkbox"/> Busy Bugs 6/20 |
| <input type="checkbox"/> Dino Rangers 7/17 | <input type="checkbox"/> Cosmic Kids 7/24 | |

Summer Vacation (ages 6-8): 1 pm – 4 pm

- | | | |
|--|---|---|
| <input type="checkbox"/> Wetland Wonders 6/5 | <input type="checkbox"/> Busy Bugs 6/20 | <input type="checkbox"/> Fur & Fangs 7/10 |
| <input type="checkbox"/> Dino Rangers 7/17 | <input type="checkbox"/> Cosmic Kids 7/24 | |

Specialty Camps (ages 9-12):

- | | |
|--|---|
| <input type="checkbox"/> Junior Naturalist 6/12 @ 1 pm | <input type="checkbox"/> Outdoor Basics 7/10 @ 9 am |
|--|---|

Child's Full Name: _____ **Child's Age at Camp:** _____ **Grade (22-23 year):** _____

Parent/Guardian 1: _____ **Home #:** _____

Cell #: _____ **Work # & Ext.:** _____

Parent/Guardian 2: _____ **Home #:** _____

Cell #: _____ **Work # & Ext.:** _____

Emergency contacts authorized to pick up child (other than a parents). Photo ID will be required to pick up:

Please list in the order you prefer we contact if you cannot be reached.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

(MUST HAVE PHOTO ID TO PICK UP CHILDREN)

Signature of Parent/guardian: * _____ **Date:** _____

*I attest that the information here provided is complete to the best of my knowledge. Typing my name above serves as my signature, for legal purposes pertaining to JCPRD programs and KDHE requirements.

If your child has allergies, limitations, or any other concerns that may require special accommodation, please contact us by phone at least five days in advance or your camp at 913-826-2800. For privacy purposes, please do not use email to communicate sensitive information about your child with us.

Completed forms can be emailed to PRK-ErnieMiller@jocogov.org or dropped off at Ernie Miller Nature Center.

Emergency Medical Release Form

Written permission for emergency medical treatment must be on file.

I hereby authorize Johnson County Park and Recreation District Staff and/or Ernie Miller Nature Center Staff who are representative(s) of the above named organization to give consent for any and all necessary emergency medical care for _____ (child's first and last name) while said child is in organizations custody.

Emergency Hospital Preference: _____

Signature of parent/guardian _____ Date: _____

*I attest that the information here provided is complete to the best of my knowledge. Typing my name above serves as my signature, for legal purposes pertaining to JCPRD programs and KDHE requirements.

Johnson County Park and Recreation Waiver Statement

WAIVER STATEMENT: The undersigned states that he/she understands that the Johnson County Park & Recreation District is not and shall not be responsible for or liable for any illness, injury, or death to person or damage to property, including but not limited to illness, injury, or death arising from exposure to the Novel Coronavirus (COVID-19), 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 & Recreation District, it's employees, agents and representatives from any and all claims of any kind, including but not limited to claims arising from exposure to the Novel Coronavirus (COVID-19), 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 & 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. **(Registration is invalid without signature.)**

I have read and I understand the Waiver Statement.

Signature of parent/guardian _____ Date: _____

*I attest that the information here provided is complete to the best of my knowledge. Typing my name above serves as my signature, for legal purposes pertaining to JCPRD programs and KDHE requirements.

Completed forms can be emailed to

PRK-ErnieMiller@jocogov.org

or dropped off at:

Ernie Miller Nature Center

909 N Highway 7

Olathe, KS 66061



All forms due by May 18th