

SAVE FORM AS: Last name, first name and DOB with no dashes. IE: Patrol Paw 12012018



**Ernie Miller Nature Park
Summer Tots and Summer Vacation CAMP
2019 PERSONAL DATA FORM**

Child's Full Name: _____ Child's Age: _____ DOB: _____

Summer Tots (ages 4-5): camp times 9am-noon

- Cosmic Kids 6/10 Spiders & Bugs 6/17 Feathered Friends 6/24 Dinosaurs 7/8 Earth Heroes 7/15

Summer Vacation (ages 6-8)

- Feathered Friends 6/24 @ 1 pm Reptiles & Amphibians 7/8 @ 1pm Incredible Insects 7/15 @ 1 pm
 Nature Explorers 6/3 @ 9 am Nature Explorers 6/3 @ 1 pm Magnificent Mammals 6/17 @ 1 pm
 Wonders of Water 7/22 @ 9 am Wonders of Water 7/22 @ 1 pm

Address: _____ City: _____ State: ___ Zip: _____

Parent/Guardian 1: _____ Home #: _____

Home Address: _____ Cell #: _____

Employer: _____ Work # & Ext. _____

Parent/Guardian 2: _____ Home #: _____

Home Address: _____ Cell #: _____

Employer: _____ Work # & Ext. _____

Emergency contact (other than a parent): _____ Authorized to pick up? Y N

Relationship to camper: _____ Cell #: _____

List Food/Substance Allergies: _____

List all individuals authorized to pick up your child (other than parents). Photo ID will be required.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

(MUST HAVE PHOTO ID TO PICK UP CHILDREN)

Specifically state any physical limitations: Anything special we need to know about your child?

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.

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.

Complete information regarding health care insurance, if applicable.

Health Insurance Name _____ Policy Number/ Member ID _____

Physicians Name: _____ Physicians Phone #: _____

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 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, it's 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.

(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.

SAVE FORM AS: Last name first name and DOB with no dashes. IE: Patrol Paw 12012012

Email form to: PRK-ErnieMiller@jocogov.org

