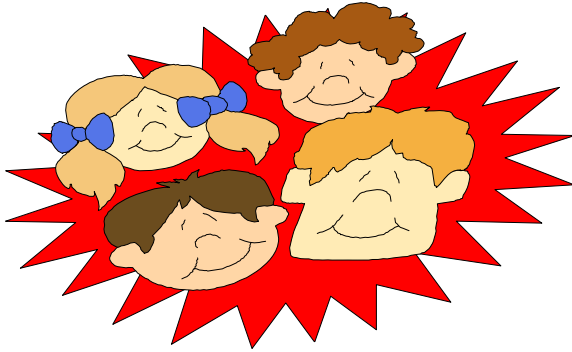


SPRING BREAK ACTIVITY CAMP



March 19-23, 8:30 a.m.-3:30 p.m.

\$62.00 FEE

Deadline Friday, March 16th

SCHOLARSHIPS AVAILABLE AT THE
COMMUNITY BUILDING 115 W. 11TH STREET
BY MONDAY, MARCH 12 OR WWW.LPRD.ORG

Camps will be held at Holcom Park, 2700 West 27th St., and at East Lawrence Center, 1245 E. 15th St. The camp will consist of games, arts and crafts, and field trips. Enrollment is limited to 50 children per park, ages 5-12, for \$62 per child. *It is the responsibility of parents to pick children up promptly at 3:30 p.m.* All children participating in the Spring Break Camp are required to complete a Parent Consent Form and the Health Information sheet (located on the back of this sheet). Please fill out the forms and return to Holcom Park Recreation Center, 2700 West 27th. St., Monday through Friday between 8:00 a.m. and 6:30 p.m. or mail to:

HOLCOM PARK RECREATION CENTER
2700 W. 27th
Lawrence, KS 66047 For more info: 832-7940

Bring a
Sack lunch

The East Lawrence Center camp is an integrated camp for children with disabilities. If your son or daughter needs special accommodations, please send registration to:

Annette Deghand, Special Populations Supervisor
115 W. 11th St.
Lawrence, KS 66044 For more info: 832-7920

CHECK A PARK

___ Holcom Park
2700 W. 27th

___ East Lawrence Center
1245 E. 15th

Scholarships due by
Monday, March 12, 2012.

Make checks payable to: **LAWRENCE PARKS & RECREATION**

LAST _____ FIRST _____ AGE _____ M/F _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

GRADE (CURRENT) _____ SCHOOL _____

PLEASE FILL OUT THE BACK OF THIS FORM

I consent to my son's or daughter's participation in the Lawrence Parks & Recreation Spring Break program. The participant listed above also has my permission to attend and be transported by school bus to and from all Special Events scheduled for the Spring Break program. I will hold neither the Lawrence Parks & Recreation Department nor its employees responsible for injury or accident

Signature _____

Date _____

OFFICE USE ONLY

Check # _____ CC _____ Cash _____ Rec.by _____ Date _____ Code 225120 A(HPC) B (ELC)

CITY OF LAWRENCE PARKS & RECREATION HEALTH INFORMATION

Holcom Park ___ East Lawrence Center ___

CHILD'S NAME _____

PARENT/GUARDIAN _____ HOME# _____ WORK# _____

PARENT/GUARDIAN _____ HOME# _____ WORK# _____

EMERGENCY CONTACTS:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE# _____

AUTHORIZED TO PICK UP CHILD:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

GENERAL INFORMATION

For Leader's use only to help your child enjoy our program more fully.

- 1. My child is outgoing ___ shy ___ in between _____.
2. My child is excited about this program ___ coaxed into going ___ fearful about going _____.
3. My child wants to _____ from this program more than anything else.
4. I want my child to _____ in this program more than anything else.
5. Please rate your child's swimming ability: beginner ___ average ___ excellent _____.

MEDICAL INFORMATION

Doctor's name _____ phone# _____

Clinic or hospital preference _____

IMMUNIZATIONS

DPT Series ___ booster ___ Tetanus ___ Polio OPV (Sabin) ___ booster _____

PHYSICAL CONDITIONS

Ear Infections _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

Heart _____

ALLERGIES

Hay Fever _____

Poison Ivy, etc. _____

Insect Stings _____

Penicillin _____

Sulfa Drugs _____

DISEASE

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Asthma _____

Will your child need any special accommodations to be successfully integrated into this program? This may include, but not be limited to a lower staff to child ratio, personal care and/or medication assistance. Please explain _____

Health problems we should know about _____

Is your child taking medication? _____ What? _____

Medication Schedule _____

HEALTH INSURANCE

Company Name _____

Policy Number _____

AUTHORIZATIONS

(check the lines that apply and sign below)

- 1. I authorize the City of Lawrence Parks & Recreation to transport my child to and from program activities.
2. The health history on this form is correct so far as I know: the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.
3. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, named above.
4. I authorize the City of Lawrence to use at its discretion any photograph, black, colored or video taken of participants while participating in City programs and activities for marketing in print or by electronic means.

MY SIGNATURE BELOW CONSTITUTES AUTHORIZATION FOR ITEMS CHECKED ABOVE.

Parent/Guardian signature _____ Date _____