



# **REGISTRATION PACKET**

Summer 2019










## WELCOME!

Welcome to Stay to Play Summer Camp! We are glad to see returning faces and, of course, are excited to see new ones. Once again, this summer we will be offering a camp site at Union Valley Elementary School and Graber Elementary School.

We will still have the favorite activities for our campers, including weekly field trips to area and regional locations based on our weekly themes. We'll also visit Hutch Rec's Salt City Splash Aquatic Center and our local spray water parks on a weekly basis, weather permitting. Outdoor games, crafts, weekly movies on Friday afternoons, and our daily reading time will also make their return in the daily line-up as well as the fun education centers during some of our down times in the afternoon.

A typical camper's day includes a morning filled with group activities and a snack, followed by a sack lunch (that you provide each day) and an afternoon activity center that includes field trips, games, and more. It's a great way for your child to spend his/her summer with friends, lots of fun activities, and of course - enjoy "just being a kid."

**A mandatory parent information meeting will be held in April.** All forms must be completed, signed, and returned to Hutch Rec's Downtown Office (17 E. 1st) **prior to the parent meeting.** You'll find them enclosed in this registration packet:

-  **Participation Waiver**
-  **Health History Form**
-  **Authorization for Emergency Medical Care**
-  **Authorization for Pick-Up**
-  **Swimming/Water Activity Waiver**
-  **Personal Items & Dress Code Waiver**
-  **Transportation Options Waiver**



For a detailed list of our guidelines and other information, please visit our Website at [www.hutchrec.com](http://www.hutchrec.com), where you can click on the Stay to Play icon on the home page. We will also have detailed information for you at the mandatory parent meeting.

Get ready to Stay to Play!

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Supervisor of Stay to Play  
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# 2019 CAMP REGISTRATION FORM

**\*Please Note: No child will be enrolled with incomplete records.**

**REMINDER: Sack Lunch Needed Monday through Friday each week!**

## CAMPER INFORMATION:

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Camp Site: (circle one) Union Valley -or- Graber

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Would you like to be updated via text? \_\_\_\_\_ If yes, phone carrier: \_\_\_\_\_

Will the child be taking medication during camp hours? \_\_\_\_\_ No \_\_\_\_\_ Yes\*

\*If yes, the enclosed medication self-administration form must be completed. Doctor's signature is required.

Please list any health conditions and/or allergies your child has: \_\_\_\_\_

Child's T-Shirt Size: (please circle one) Youth S (6-8) Youth M (10-12) Youth Large (14-16) Ad S Ad M Ad L Ad XL

## PARENT/GUARDIAN INFORMATION

First Parent/Guardian Name: \_\_\_\_\_

Address (if different from camper's): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Address (if different from camper's): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (other than parents)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## CAMP SESSIONS

Will your child be attending camp the entire summer season? \_\_\_\_\_ 9 weeks (May 28-July 26, 2019) -OR-

Will your child be attending individual weeks? (please circle what weeks your child will attend)

Week 1: May 28-31

Week 2: June 3-7

Week 3: June 10-14

Week 4: June 17-21

Week 5: June 24-28

Week 6: 1-5 (NO camp on July 4th)

Week 7: July 8-12

Week 8: July 15-19

Week 9: July 22-26

## FOR OFFICE USE:

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Total Paid: \_\_\_\_\_



# SWIMMING/WATER ACTIVITY WAIVER

Participants may participate in swimming and water activities. Reasonable precautions will be taken to provide for the participants' safety. Participants will use the pools and participate in water activities between the dates of May 28 through July 26, 2019.

I request that \_\_\_\_\_ be allowed to swim and participate in water activities as stated above and I relieve and absolve the Hutchinson Recreation Commission of any responsibility other than that stated above.

I understand that if I do not want my child to swim or participate in water activities on any given day I must provide written notice to my child's camp leader.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PERSONAL ITEMS & DRESS CODE POLICY

1. Hutchinson Recreation Commission asks that campers do not bring personal items (i.e. cell phones, portable game systems, mp3 players) to camp unless it is listed on the weekly newsletter. If campers do bring personal items to camp, the Hutchinson Recreation Commission and Stay to Play staff is not responsible for lost, stolen, or broken items.

2. Stay to Play has the following dress code policy in place:

- Daily-Please have your child wear sturdy shoes, socks, and comfortable clothing. NO OPEN-TOED SHOES.
- Please apply sunscreen to your child daily. Staff will remind children to reapply sunscreen before going swimming, playing outdoors, and before a long outdoor trip.
- Weather appropriate clothing.
- Stay to Play shirt should be worn on Tuesdays and Thursdays.
- Label your child's clothing, swimsuits, hats, etc.
- Swimming - Please have your child outfitted in a swimsuit, towel, sunscreen and shoes.
- Short shorts and bare midriffs are not allowed.
- Other clothing items may be deemed inappropriate at recreation staff's discretion.

By signing below you acknowledge that you have read, understand, and agree with the personal item and dress code policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## TRANSPORTATION OPTIONS

Mark only one:

\_\_\_\_ Parent/Guardian will pick up and drop off at Union Valley Elementary School or Graber Elementary School

\_\_\_\_ Camper will walk/ride bicycle.\*

\*What time do you give permission for your child to check him/herself out? (Camp ends at 5:30 p.m.) \_\_\_\_\_



# AUTHORIZATION FOR PICK-UP

Camper's Name: \_\_\_\_\_

*Please list all persons authorized to pick up the child or to notify in case of emergency. **Please include the names of the PARENTS who are authorized to pick up the child.** No one will be allowed to pick up the child unless they are on this form. Photo ID will be required at the time of pick up-we make no apologies for safeguarding your child. Children must be signed out by the person picking up the child. Thank you for your cooperation! (NOTE: Any changes must be done in person at HR Downtown, 17 E. 1st)*

## PERSON #1:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell: \_\_\_\_\_

## PERSON #2:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell: \_\_\_\_\_

## PERSON #3:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell: \_\_\_\_\_

## PERSON #4:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell: \_\_\_\_\_



## CHILD INFORMATION PAGE

We'd like to know more about your child, through your eyes. The more we know, the better, as it helps us meet his/her needs throughout the summer.

Child's Name: \_\_\_\_\_

List five words that best describe your child's character (ie: competitive, cheerful, perfectionist, sympathetic, etc.)

What motivates your child?

What upsets your child?

What are your child's interests and activities?

Which academic subject does your child enjoy best? Least?

If possible, what is your child's reading level?

What particular academic areas would you like to see stressed this summer?

What social skills would you like to see developed this summer?

Are there any personal and/or physical problems we should know about?

Other comments?



Registration forms will only be accepted at the Hutchinson Recreation Commission (HRC) Downtown Office, 17 E 1st  
Office Hours: Monday through Friday, 9 a.m. to 5 p.m.

**MUST REGISTER BY 12 P.M. THE FRIDAY PRIOR TO ATTENDING. SPACE IS LIMITED.**

### **WAIVER FOR PARTICIPATION**

1. I/We the below signed person/parent(s) having legal custody/legal guardianship of said minor, give permission for said minor to attend any Stay to Play activities supervised by authorized HRC staff. Said minor is physically able and mentally prepared to participate in all activities.
2. I/We do hereby authorize the HRC and Stay to Play staff to transport said minor in Stay to Play bus, van, car or other vehicle to/from the site for daily transportation and/or field trips, emergency care, etc.
3. I/We have read the Parent Handbook and understand all policies and procedures set forth by the HRC. I/We shall abide by said policies/procedures and will review these with my/our child. I/We support the HRC in its enforcement of these policies/procedures.
4. I/We have read and understand the HRC's policies concerning discipline and will pass this information along to my/our child. I/We understand that the HRC reserves the right to dismiss any child who fails to adhere to HRC Stay to Play rules and regulations.
5. I/We understand fully and will abide by the HRC's policy concerning drop-off and pick-up of children. I/We shall be prepared DAILY to present photo ID to on-site staff to determine my/our identity as authorized persons to pick up my/our child. Further, I/We shall inform others who are authorized to call for our child to present photo ID when picking up my/our child.
6. In consideration of the HRC accepting this entry, I/We hereby for myself, my/our child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages my/our child may have against the Hutchinson Recreation Commission, Buhler USD 313, Hutchinson USD 308, and its representatives, successors and assigns for any and all injuries suffered by my child at any activities sponsored by these groups. Parent or Legal Guardian must sign for any child under 18 entering the program.

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Parent/Guardian Signature

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Date





# PAYMENT PLAN COMMITMENT FORM

### \*CREDIT/DEBIT CARD ONLY\*

I understand that I must pay the first week fee plus registration fee of \$30.00 per child at the time of registration and enroll in 3 weeks or more to be eligible for this payment plan. I understand that the weekly fee for camp will be charged to my card the Wednesday prior to my child's attendance at camp. Weekly charge dates are listed below (check all that apply).

- Week 2 Payment: Wed, May 29
- Week 3 Payment: Wed, June 5
- Week 4 Payment: Wed, June 12
- Week 5 Payment: Wed, June 19
- Week 6 Payment: Wed, June 26
- Week 7 Payment: Wed, July 3
- Week 8 Payment: Wed, July 10
- Week 9 Payment: Wed, July 17

I also understand that a declined credit/debit card will cause an insufficient fund fee of \$30.00 and my child's suspension from the Stay to Play summer camp until payment is made. ***I understand that if my child will not be attending camp for any given week, I must contact the Downtown Office at 17 E. 1st (or by calling 663-6179) by 4 p.m. on the Tuesday prior to that week in order to be eligible for a refund.*** Cancellation of this contract will only be given with the approval of the HRC office.

Child(ren) Name(s) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (printed) **X** \_\_\_\_\_  
Parent/Guardian Signature

***I authorize the Hutchinson Recreation Commission to charge Stay to Play payments to my credit card or debit card. I understand that each charge will be made on the above due dates.***

Weekly charge: \$ \_\_\_\_\_ Total charge: \$ \_\_\_\_\_

Type of Credit Card:    \_\_\_\_\_MasterCard    \_\_\_\_\_Visa    \_\_\_\_\_ American Express

Name (as it appears on the card): \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Exp. \_\_\_\_\_ / \_\_\_\_\_

Signature: **X** \_\_\_\_\_      Date: \_\_\_\_\_