

**CITY OF FLORISSANT
PARKS AND RECREATION DEPARTMENT
2026 SUMMER CAMP REGISTRATION FORM**



Child's Name: _____ **Male:** _____ **Female:** _____

Child's Address: _____ **Zip:** _____

Date of Birth: _____ **Age as of July 31st:** _____ **For staff only:** _____
If six years old Birth Certificate Check

Guardian's Full Name: _____ **Relation to child:** _____

Guardian's Home Address: _____

Guardian's Phone Number: _____

Primary Email Address: _____

Guardian's Full Name: _____ **Relation to child:** _____

Guardian's Home Address: _____

Guardian's Phone Number: _____

Primary Email Address: _____

Approved for Pick-up/ Emergency Contacts: (Other than listed above)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

DISMISSAL TRANSPORTATION PROCEDURES FOR CHILD: (Circle all that apply)

CAR RIDER WALKER BIKE RIDER

BEFORE AND/OR AFTER CARE ENROLLMENT: (Circle any that apply)

BEFORE CARE AFTER CARE BOTH NEITHER

We the undersigned parents or legal guardian of _____, do hereby consent and agree that the above-named minor may participate in the Florissant Summer Camp Program. It is agreed that the City of Florissant, employees, instructor or sponsors, ***assume no legal liability for the injuries or other loss as a result of such participation.*** It is further agreed that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the Camp Director of Florissant in writing of the abrogation or cancellation of this consent. We also agree to abide by all rules and regulations established by the Florissant Parks Department Staff.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Behavior Management Policy

The purpose of behavior management is to help campers understand that their choices matter, and we aim to build positive relationships here at our Summer Camp. Our staff will help coach them through conflict and facilitate positive choices. Overall, we want to ensure that every camper has a safe, fun and happy experience. Staff is required to encourage inclusion and participation. Our staff will be choosing activities that are age appropriate and fun. The main behavior management technique that we will use is structure and engagement. If an incident does occur, the first step will be to listen to the child and make them feel heard.

We will have a warning system in place to help parents understand our procedure when it comes to behavior management. Warnings are not given out lightly and are only recorded if it is important to communicate it further with the parents. If the behavior is severe enough, verbal warnings may be skipped. That is posted below:

Behavior(s)	Action(s):		
Disrespecting staff/ other campers	Behavior warning #1	Behavior warning #2	Parent is called, and child is asked to go home for the day. May return the next
*Physical Altercation with another camper	Parent is called, and child is asked to go home for the day. May return the next	If it happens again, they will not be able to return to the camp	N/A
*Rough Horse playing	Behavior warning #1	Behavior warning #2	Parent is called, and child is asked to go home for the day. May return the next
Destroying Public Property	Behavior warning #1	Parent is called, and child is asked to go home for the day. May return the next	If it happens again, they will not be able to return to the camp
Using profanity or any other inappropriate behavior	Behavior warning #1	Behavior warning #2	Parent is called, and child is asked to go home for the day. May return the next
Running away from the group	Parent is called, and child is asked to go home for the day. May return the next	If it happens again, they will not be able to return to the camp	N/A
Other:	Behavior warning #1	Behavior warning #2	Parent is called, and child is asked to go home for the day. May return the next

Items that are * in the chart above will be evaluated by the severity.

No actions can be taken to suspend participants indefinitely without a discussion with the Camp Director, Recreation Supervisor and approval by the Superintendent.

By my signature below, I acknowledge that I have read, understand, and agree to the policies and procedures of the Florissant Parks and Recreation Summer Camp.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

BUS TRANSPORTATION PERMISSION

I, _____, give the City of Florissant permission to transport my child, _____ to Koch Park Aquatic Center for swimming and Field Trips.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

CONSENT TO RELEASE OF PHOTOGRAPHS, VIDEO, AUDIO, AND RELATED MEDIA FORMATS, INCLUDING SOCIAL MEDIA:

Photographs may be taken during camp for the benefit of campers and these visuals are intended for use in the City of Florissant and Florissant Parks and Recreation publications, flyers, promotional material, brochures, website, and any other electronic or video communications and reserves the discretion to use at a later date.

I, _____ consent and authorize City of Florissant to reproduce photographs or videos taken of my child, _____ for this purpose.

SO THAT WE MAY BETTER SERVE YOUR CHILD

The Florissant Parks and Recreation Department encourages participation by everyone! If the above-named child has special needs, we will be happy to make accommodations to meet your needs. We participate in the North County Inclusion Program and do have a staff member to work with you on accommodations.

MEDICAL NEEDS

Does your child have any medical conditions that the camp staff should be aware of regarding your child (Please include allergies, asthmas, nose bleeds, shortness of breath on exertion, etc.)?

YES NO

If **yes**, please describe these conditions: _____

Is your child taking any medications to treat these conditions? YES NO

If **yes**, please list the medications: (SEE RELEASE FORM) _____

OTHER NEEDS

Does your child have any physical or emotional conditions that the camp staff should be aware of regarding your child. (Please include diagnosis such as Attention Deficit Disorder, Autism, Oppositional Defiant Disorder, physical needs, etc.)? YES NO

If **yes**, please describe these conditions: _____

Is your child taking any medications to treat these conditions? YES NO

If **yes**, please list the medications: (SEE RELEASE FORM) _____

We have an inclusion coordinator on staff to help us provide your child with the best accommodations possible. Would you like her to contact you to discuss these accommodations?

YES

NO

EMERGENCY TREATMENT PERMISSION FORM

I, _____, residing at _____, do hereby state that I am the natural parent and/or legal guardian of _____, a minor, whose date of birth is _____ and who resides at _____. I hereby authorize the bearer of this letter, CITY OF FLORISSANT EMPLOYEE, who works at 955 St. Francois, 63031 (Municipal Office) to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care. To be rendered to the said minor child, provided that said care be under the general or special supervision of a licensed physician and surgeon; and provided that under the circumstances it is not reasonably feasible to obtain my actual consent before rendering necessary medical or surgical treatment. I will be responsible for any costs of same. I also certify said minor Child is covered under the _____ insurance plan. And the policy holder of said plan is _____.

Child's Physician _____ Phone Number _____

Preference of Hospital _____

THE FLORISSANT DAY CAMP MEDICATION RELEASE FORM

- I affirm that I am the legal parent/guardian of (Camper's Name) _____ and agree to follow the Florissant Summer Camp's policy, that medication is not to be in the possession of the camper. I have attached the letter from the prescribing physician specifying the need for the following medication(s) during day camp, and authorized the Florissant Summer Camp's designated staff member to ensure my child takes the following medication based upon the instructions found on the label.
- I recognize that the Florissant Summer Camp designated staff member, who is responsible for ensuring my child takes the above medication, is not a physician, nor a pharmacist; and further acknowledge that neither such person nor the Parks and Recreation Department sponsoring the program shall be responsible for or liable in connection with such medication when taken in accordance with the instructions on the label.

MEDICATION:

NAME OF MEDICATION _____

TO BE GIVEN AT TIME (S) OF DAY _____

TO BE GIVEN ON THESE DAY (S) _____

DOSAGE NEEDED (i.e. one tablet) _____

DESCRIBE ANY SIDE EFFECTS FROM THE MEDICATION WE SHOULD BE AWARE OF:

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____