



ST. LOUIS COUNTY PARKS AND RECREATION CAMP REGISTRATION PACKET

Thank you for choosing St. Louis County Parks and Recreation’s Camps for your adventure. Our shared goal is for all campers to enjoy their days at camp in a safe, caring, and fun environment.

If the camper is attending multiple sessions, you will only need to fill out the forms once. If any information changes for the period your child(ren) is registered, please let the camp directors know so you can update these forms.

Our camps are often outdoors (unless the weather turns bad), and the campers participate in sports, games, fishing, swimming, art & crafts, math & science enrichment, and many other activities. If you have any questions about this information, please contact the camp facility at:

Greensfelder Recreation Complex	314-615-8472
Kennedy Recreation Complex	314-615-5572
North County Recreation Complex	314-615-8839
St. Louis County Parks & Recreation Call Center	314-615-4386

CAMPER INFORMATION:

Participant Name (First Middle Last)		Preferred First Name	
Street Address	City	State	ZIP
Birth Date (MM/DD/YYYY)	Age Now	Sex	
School Name		Grade Completed	

PARENT/LEGAL GUARDIAN* INFORMATION:

Name		Relationship	
Primary Phone Number	Email		
Name		Relationship	
Primary Phone Number	Email		

**If legal guardian, please provide legal documentation.*

EMERGENCY CONTACT INFORMATION:

Name		Relationship	
Primary Phone Number	Email		



MEDICAL/HEALTH INFORMATION

Participant Name (First Middle Last)	Preferred First Name
Birth Date	

Please complete the following items to provide pertinent health/medical information on the participant.
Allergies (medications, food, insect stings or bites, etc.):

Medications taken regularly, including EpiPens, inhalers, etc. (Please complete the Consent to Administer Medication and/or the Self-Administration of Medication Authorization/Approval forms for each medication):

N/A No Medication required

Past Pertinent Medical History:

Accommodations, assistance, or modifications necessary or desired for camper:

OTHER PERTINENT INFORMATION:

Please use the following space to provide any other information you believe is important for St. Louis County Parks and Recreation to know about caring for your child.

Parent/Guardian Acknowledgment: The above information is correct to the best of my knowledge. I understand it is my responsibility to keep St. Louis County Parks and Recreation informed of any new or changing medical conditions, needs, or other circumstances which may arise from now until the start of any camp or program, and during the period during which my child(ren) attend a St. Louis County Parks and Recreation camp or program.

Signature of Parent/Legal Guardian

Date



MEDICATION POLICY AND PROCEDURES FOR DAY CAMP PROGRAMS

Campers are not allowed to have medication of any kind in their possession during day camp hours except for an EpiPen (or other cartridge injector for life threatening allergies) or inhalers with appropriate authorization. Our preference is that our staff not be responsible for ensuring that campers take medication(s). However, if a camper does require medication during camp hours, then all prescription medications will be given in accordance with these policies:

1. The Parks and Recreation Department must have a Consent to Administer Medication form signed by the parent on file for **each prescription medication** the camper is to receive before camp begins. The release form is attached.
2. Parents/guardians must provide a letter and/or action plan from the prescribing physician stating the diagnosis and confirming the need for medication during camp hours. Included in this letter must be the physician's prescription for all medication the camper will be taking at camp. Any changes in medication, dosage, or time it is to be given must be documented in writing by the prescribing physician.
3. These required documents (including the Consent to Administer Medication form) must be brought or mailed to the department before the first day of each camp session.
4. All medication must be in the original prescription bottle from the pharmacy when given to the camp director on the morning of the camper's first day of camp. If medication is being provided, a week's worth of medication should be brought to camp on the morning of the camper's first day of camp.
5. Parents/guardians are responsible for making sure their child has enough medication at camp and for picking up any unused medication at the end of the week. The Parks and Recreation Department staff may dispose of any medication that is not picked up at the end of the camp week.
6. The camper, accompanied by a counselor, is responsible for coming to the camp director to receive medication at the scheduled time.
7. Campers needing to keep an EpiPen (or other cartridge injector for life threatening allergies) or inhaler with them, should have it placed in an outside pocket of their pack marked with an "X" made by marker or secure tape by the camper, parent or guardian before the medication is brought into camp.
8. Staff will be responsible for documenting all actions pertaining to medication administered at camp on the Medication Administration Record.

Should you have questions or concerns about the use of medications, please contact the camp facility at:

Greensfelder Recreation Complex	314-615-8472
Kennedy Recreation Complex	314-615-5572
North County Recreation Complex	314-615-8839
St. Louis County Parks & Recreation Call Center	314-615-4386

Parent/Guardian Acknowledgment: I have read and understand the Medication Policy and Procedures for Day Camp Programs. I understand that I am responsible for abiding by it and providing any medications and directions for my child, _____, for the duration of camp. I understand it is my responsibility to keep St. Louis County Parks and Recreation informed of any new or changing medical conditions, needs, or other circumstances which may arise from now until the start of any camp or program, and during the period during which my child(ren) attend at a St. Louis County Parks and Recreation camp or program.

Signature of Parent/Legal Guardian

Date



TREATMENT AUTHORIZATION

St. Louis County Parks and Recreation is authorized to provide basic first aid and/or seek advanced emergency medical attention for my child, _____, the camp participant, from designated Emergency Medical Service providers for illness and/or injury occurring during St. Louis County Parks and Recreation programs.

Signature of Parent/Legal Guardian

Date



CONSENT TO ADMINISTER MEDICATION

My child _____ has a medical need which requires that he/she/they take the following prescription medication: _____. However, during the times the program is being conducted, I am unavailable to administer the medication to my child. Therefore, I am, by this document, requesting that personnel of the St. Louis County, including its Department of Parks and Recreation, administer the prescription medication to my child. I will deliver the medication to the appropriate Parks Department personnel before the time my child needs it. I understand that the person(s) who will be administering the medication are not trained medical professionals, or health care professionals, and have received no special training in administering the medication that I am asking them to administer to my child. I understand St. Louis County personnel will not administer medication without proper prescription documentation. I agree that St. Louis County, including any of its employees or volunteers, will not be held liable for any illness or injury resulting from administering medication, and will not be held responsible for the reimbursement of any medical expenses resulting from administering the above-described medication to my child or the destruction of unused medication that is not timely retrieved. I further agree that it is my child's responsibility to take the prescribed medication, including reporting to the distribution location at the distribution time, and that St. Louis County, including its employees and volunteers, will not be liable if my child fails or refuses to take the prescribed medication.

Signature of Parent/Legal Guardian

Date

Approximate time(s) to administer the medication _____

Date through which the consent is valid _____



SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

I consent to my child _____, to be able to self-administer one of these medications:

- EpiPen or other cartridge injector for life-threatening allergies
- Inhaler

I understand that it is my responsibility to provide my child with these medications and that they are to be placed in my child’s backpack in an exterior pocket marked with an “X” by marker or secure tape. I agree that I will not hold St. Louis County, its employees, or volunteers liable should my child fail to take or improperly administer a self-administered medication.

Signature of Parent/Legal Guardian

Date

Date through which the consent is valid _____



ST. LOUIS COUNTY PARKS CAMP RULES & POLICIES

1. Campers must follow St Louis County Parks & Recreation Fair Play Policy. **Please read this policy to your child.**
2. All campers must have completed these forms before the first day of camp:
 - a. Participant Information;
 - b. Consent to Release of photographs, video, audio and related media formats, including any social media;
 - c. Medical Release;
 - d. Release of Liability;
 - e. Parent/Guardian Acknowledgment of Medication Policy and Procedures for Day Camp Programs;
 - f. Parent/Guardian Acknowledgment of Camp Rules and Policies;
 - g. Parent/Guardian Acknowledgment of the Fair Play and Behavior Policy
 - h. Treatment Authorization;
 - i. Swimming Release (needed for Kennedy, North County Camp Eagles' Nest, and Greensfelder Recreation Complex for swimming field trips);
 - j. Fieldtrip Release;
 - k. Authorized Walk and Pick up Release; and
 - l. If applicable, Consent to Administer Medication and/or Consent to Self-Administer of Medication Authorization/Approval.
3. Campers are NOT allowed to have medication of any kind during day camp hours unless the "Consent to Administer Medication" or the "Self-Administration of Medication Authorization/Approval" form is properly filled out and submitted.
4. Campers, for their own safety, should wear comfortable clothing suitable for the activities that they are participating in. For camps that are outdoors, children should be dressed appropriately for the weather and heat. Sandals and open toed shoes are NOT allowed for most activities (water activities are the exception). **IF PROPER FOOTWEAR IS NOT WORN, PARENTS WILL BE CALLED AND THE CAMPER WILL NOT BE ALLOWED TO PARTICIPATE UNTIL PROPER SHOES ARE PROVIDED.**
5. **DEVICES:** No cell phones, tablets, pagers, toys, trading cards, cd players, iPods, radios, electronic games, or similar devices will be allowed at camp. If your child brings any such items to camp, St. Louis County is not responsible for the care and protection of these devices.
6. **BREAKFAST & LUNCH:** Breakfast and Lunch options are NOT provided. Campers are required to bring a nonperishable lunch (refrigeration is unavailable) with a drink to camp every day. **MARK THE LUNCH WITH YOUR CHILD'S NAME.**
7. **WATER:** The weather during camp held in the summer is usually hot. Even if the weather is cold, your child will likely be active and needs to stay hydrated. Drinking fountains are available, but we recommend sending 2 water bottles (one frozen during hot weather). **MARK THE WATER BOTTLES WITH YOUR CHILD'S NAME.**



8. SUNSCREEN: Summer Campers will need to use sunscreen for all camps involving outdoor activities. Please instruct your child on how to apply sunscreen. If your child requires assistance with applying sunscreen, St. Louis County staff are permitted to only apply sunscreen in the forms of face sticks or sprays. **MARK THE SUNSCREEN WITH YOUR CHILD’S NAME.**
9. Camps are limited to registered participants only. **NO GUESTS ARE ALLOWED TO ATTEND CAMPS.**
10. DROP OFF/PICK UP: Parents/Guardians should be punctual in dropping off and picking up their child. **ALL CAMPERS MUST BE SIGNED IN AND OUT DAILY WITH A VALID PICTURE ID.** Staff supervision for a basic camp registration begins at 9:00 am and ends at 3:00 pm SHARP. If additional time is required to keep your child, please register for our Early/Late Bird programs.
11. All campers must have the proper forms before the start of camp. The Authorized Walk and Pick up Release Form must be filled out before the camper is released from the camp. Please keep these forms updated. Campers will be released only to the authorized person or method agreed to in the form.
12. While we realize traffic can be a problem, it is essential that the Camper is picked up on time. If you are caught in traffic, please contact the camp facility. Any child in camp not picked up by 3:15 pm will automatically be enrolled in aftercare for the week at the advertised cost of the program. Any child enrolled in aftercare and not picked up by 6pm will incur fees of \$1 PER MINUTE. Multiple incidents may lead to camper ineligibility for future camp sessions with no refund for current camp session.
13. Refund Policy: Full Refunds will be given for day camp sessions for requests received 30 days or more before camp start date, less a processing fee. No refund or credit will be given for requests received less than 30 days before camp start date. No refund or credit will be given if a camper is absent from a field trip.
14. Please follow updated Covid-19 guidelines from department of health at <https://stlouiscountymo.gov/st-louis-county-departments/public-health/> NOTE: Policies/procedures are subject to change throughout duration of programing.

Parent/Guardian Acknowledgment: I have read and understand the St. Louis County Parks Camp Rules and Polices. I understand that I am responsible for reading these rules to my child _____ before the first day of camp.

Signature of Parent/Legal Guardian

Date



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

Photographs may be taken during camp for the benefit of campers and parents and will not be used for education, advertising, or publicity without permission.

___ I consent and authorize St. Louis County, including its Department of Parks and Recreation, to reproduce photographs or video taken of my child, _____, for education, advertising and publicity purposes of every description.

___ I do not consent or authorize St. Louis County, including its Department of Parks and Recreation, to reproduce any photographs or video taken of my child, _____, for any purpose. The child will participate in all activities. I understand that every effort will be made to not photograph the child, and the child's likeness will not be used for any purpose.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Printed Name: _____



**ST. LOUIS COUNTY PARKS AND RECREATION
FAIR PLAY & BEHAVIOR POLICY**

Our goal is to provide for personal growth in a safe environment. Please help us maintain a safe and enjoyable environment by following these policies.

FAIR PLAY POLICY

Individuals using the St. Louis County facilities are expected to:

1. Wear appropriate attire in recreation facilities, this includes a shirt and shoes in the recreation complex;
2. Refrain from using profane language;
3. Refrain from placing themselves and/or others at risk (i.e. hitting, fighting, biting, kicking, spitting, etc.);
4. Respect one another and one another's belongings;
5. Not participate in any unlawful activities (i.e. illegal drugs, weapons, vandalism, stealing, etc.); and
6. When participating in guided recreation programs, remain with the instructors, following directions to the best of their ability and refrain from disrupting the class.

Persons endangering the safety of themselves or others will be removed from the park facility or recreation program. Other infractions of the rules will be handled as deemed necessary by the recreation staff.

BEHAVIOR POLICY

Children who misbehave or break camp rules may be given a series of check marks right before an "infraction." We reserve the right to bypass one or more steps in this process if a situation warrants it. Especially in a situation that involves physical contact, we reserve the right to remove the child from camp without refund.

Modifications to these rules may be made to accommodate individual needs.

- 1st Offense: Child may be given a five (5) minute time out.
- 2nd Offense: Child may be given a ten (10) minute time out.
- 3rd Offense: An "infraction" may be given.

Not cooperating while disciplined may result in additional time added to a time out.

- 1st Infraction: Conference with Camp Director, Recreation Supervisor, child, and parents.
- 2nd Infraction: Conference with Camp Director, Recreation Supervisor, Complex Manager, child, and parents, suspension from camp for 3 days.
- 3rd Infraction: Dismissal from camp with NO REFUND.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Printed Name: _____



AUTHORIZED PICK-UP RELEASE

Please list up to four people, including yourself, that are authorized to pick up your child, _____ from St. Louis County Parks and Recreation’s camp (if a parent is not authorized, please let us know). Please remember to include all carpool drivers, nannies, neighbors, co-workers, and relatives who might be involved with camper pick up.

Pick up contact #1	Phone	Relationship
Pick up contact #2	Phone	Relationship
Pick up contact #3	Phone	Relationship
Pick up contact #4	Phone	Relationship

Parent/Guardian Acknowledgment: I have provided the names and phone numbers of individuals authorized to pick up my child. I understand it is my responsibility to keep St. Louis County Parks and Recreation informed of any new or changing circumstances which may arise from now until the start of any camp or program, and during the period during which my child(ren) attend at a St. Louis County Parks and Recreation camp or program.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Printed Name: _____



RELEASE OF LIABILITY

I, _____, the Parent/Guardian of _____
(Name) (Camper's Name)

acknowledge that I voluntarily and willingly permit my child to participate in camps run by St. Louis County, Department of Parks and Recreation, located at their facilities. I represent that my child is physically able to participate in the program for which I am registering them.

RISK AND RESPONSIBILITY: Although reasonable precautions are taken to provide proper organization, instruction, and equipment for your child's participation in camps at St. Louis County Parks, there can be no guarantee of absolute safety against injury and accident. Elements of risk exist in any sport or program involving physical exertion and risks taken, individually and/or collectively during activities, and in the use of any equipment in connection with the activities. I, on behalf of myself and my child, understand that my child may be involved in activities, including but not limited to: arts and crafts, sports, swimming, team-building initiatives, tennis, games, and/or other physical undertakings. I acknowledge that participating in activities, including swimming and field trips, may result in loss of property, injury, or death. I acknowledge that participation by my child in any activities is voluntary and that my child may decline to participate in any activities.

MEDICAL: I authorize any medical treatment deemed necessary by St. Louis County Parks and Recreation Staff in the event of any injury to my child while participating in the activities, including the administration of first aid, administration of medication in accordance with any actions plans or prescriptions provided for my child, and/or use of emergency medical services. I hereby acknowledge that I have appropriate insurance, or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on behalf of my child.

ACKNOWLEDGMENT: In consideration of my child's participation in the activities, I do for myself, my child and our respective administrators, executors, heirs, spouse, dependents, successors, and assigns, knowingly and intentionally release, forever discharge and covenant not to sue St. Louis County and its officers, agents, employees and volunteers from and against any claims, demands, expenses, actions and causes of action of every name, type, and nature, I or we now have, or may ever have arising out of my child's participation in the camp activities.

REQUIRED SIGNATURE: The signature provided confirms I have read and fully completed these forms: Participant Information, Consent to Release of Photographs, Video, Audio, and Related Media Formats, including Social Media; Medication Policy and Procedures; the Camp Rules & Policies, the Fair Play & Behavior Policy; Treatment Authorization; Authorized Walk, Ride, Pick-Up Release; Swimming Release for applicable camps; Field Trip Release; this Release of Liability; and if applicable, the Consent to Administer Medication and/or Consent to Self-Administration of Medication Authorization/Approval, and freely and voluntarily agree to the terms and conditions of this Release in order to participate in any and all camp activities unless specified above. I acknowledge the information I have given is correct to the best of my knowledge and that I am authorized to sign all identified releases, including this release of liability on behalf of my child.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Printed Name: _____



SWIMMING RELEASE

(needed for Kennedy, North County Camp Eagles' Nest, Greensfelder Recreation Complex)

____ I consent to my child _____ participating in swimming activities as part of summer camp.

____ I consent to my child _____ participating in swimming activities as part of summer camp and instead of participating in the swim assessment, I will provide a US Coast Guard approved Personal Floatation Device for my child.

____ I do not consent to my child _____ participating in swimming activities as part of summer camp.

____ I will provide a US Coast Guard approved life-vest for my child if they do not pass the swim assessment.

If no, during swim time, your camper will participate in an alternative activity provided by the camp.

If yes, your child must complete a swim assessment administered by a certified lifeguard on the first day of each camp session. As part of the swim assessment, your child must pass a swim test demonstrating swimming proficiency. For example, the swimmer may be asked to tread water for 30 seconds or swim a distance in a designated swim area. As each County pool is different, testing may vary according to the size of the swim area at each pool. If your child cannot pass the swim assessment and still wishes to participate in swimming activities, they will need to wear a US Coast Guard approved Personal Floatation Device (PFD). Puddle-jumpers or floaties are not allowed. If you are providing the US Coast Guard approved PFD, please bring that on the first day of camp, clearly marked with your child's name, and on each swim day thereafter. Campers who are required to wear a PFD may be prohibited from swimming if they refuse to wear the PFD or refuse to wear the vest appropriately. I understand that all swimming activities will be conducted under the supervision of a certified lifeguard, but that my child's participation in any swimming event is done at their own risk.

In addition to the swim assessment, all camp participants must undergo an additional swim test before swimming in deep water areas of the pool. Those who pass the swim test for deep water areas are provided with wristbands for easy identification by lifeguards. Wristbands are required at all times. A swimmer entering deep water areas without the appropriate wrist band may lose the ability to have deep water privileges.

For days on which there is swimming, your child will need to bring a swimsuit and towel on designated swim days. Lycra swim shirts or rash guards are permissible. Cotton t-shirts, denim or cotton shorts/skirts may not be worn in the water. If your child does not have a swimsuit, for health and sanitation reasons, they will not be allowed to swim, and instead your child will participate in an alternative activity provided by the camp.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Printed Name: _____



FIELD TRIP RELEASE

____ I give permission for my child, _____, to attend all field trips as part of the camp program under the supervision of camp staff. I consent to my child being transported by bus to field trips as part of the camp’s weekly activities.

In case of inclement weather or scheduling conflicts, I understand the camp director or camp staff may make field trip substitutions, reschedule, or cancel a planned field trip. I understand that there will be no discounted rate or refund should a scheduled field trip need to be canceled or substituted. On occasion guest speakers or presenters may be part of the curriculum. I understand it is my responsibility to find out what field trips, if any, will be taking place each week of camp. I assume the risk by having my child participate in any field trip.

____ I do not give my child, _____, permission to attend field trips, and I understand that my child will not be able to attend camp on the day of a scheduled field trip because the camp does not have staff to stay behind to supervise children who are not on the field trip. I understand that there will be no discounted rate or refund for my child for not participating in a camp field trip.

Signature of Parent/Legal Guardian

Date

Parent/Guardian Printed Name: _____