

2017 Summer Day Camp



Wood River Park and Recreation



DATES: June 5 – July 14, 2017

DAYS: Mondays, Wednesdays, & Fridays

TIME: 9:00AM - 2:00PM

Grades: Kindergarten through 5th grade

COST: Resident-\$150 per child/ Non-Resident- \$170 per child
(\$10 will be taken off each additional sibling)

DEADLINE: June 2nd

Activities:

- Swimming -Aquatic Center
- Fishing-Belk Park
- Laser Tag-
- Crafts-Round House

Field Trips:

- City Hall
- Fire House
- Police Station
- VIP Manor
- Airport Bowl

Library Activities:

- Abra-Kid-Abra (magician)
- Swords & Roses (interactive theater)
- Fred's Feathered Friends (bird show)
- She Shares Shel (performance)
- Juggling Jeff

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Name Child #1: _____ Birth Date: ___/___/___ Grade: _____ M/F

Name Child #2: _____ Birth Date: ___/___/___ Grade: _____ M/F

Name Child #3: _____ Birth Date: ___/___/___ Grade: _____ M/F

Shirt Size(s): _____

Address: _____ City: _____ Zip Code: _____

I, the parent of the above named minor(s), do hereby consent and agree that the above named minor(s) may participate in the Wood River Parks and Receptions Program. I understand and acknowledge that there are certain risk of physical injury associated with my child's participation in the above named program which may result through no fault of any volunteer, participant, employee or office of the Wood Recreation Department and/or any other sponsors. The recreation program reserves the right to use any pictures taken for publication.

Signature of Parent/Guardian: _____ Date: _____

Library Program

The Wood River Library will be inviting the campers to participate in their Summer Reading program. Every Wednesday the Library will be bringing a selection of books that the campers can check out with their library card. The library card must be in good standing to participate. To inquire, call the library at 618- 254-4832.

Card Holders Name: _____ Card Number: _____

Emergency Data

Name of Parents or Guardians:

Father's Name: _____ Home/Work: _____ Cell: _____

Mother's Name: _____ Home/Work: _____ Cell: _____

If parents are unable to be reached, who should be contacted?

Name: _____ Relationship: _____

Home/Work: _____ Cell: _____

Medical Conditions/Allergies (food or meds) and Treatments:

Authorized Pick-Up List (other than Parent):

Name: _____ Relationship: _____

Additional Concerns:

OFFICE USE ONLY: Date: _____

Amount Paid:\$ _____

Received By: _____

Wood River Parks & Recreation Department Day Camp

Medication Release Form

Child's Name: _____

Child's Age: _____ Today's Date: _____

Reason for Medication: _____

Name of Medication: _____

Check Box: Prescription Non-Prescription

Method of Medication Administration:

Check Box: Topical Oral Drops Inhale Injection

Dosage or Amount of Medication: _____

Specific Time Medication is to be administered: _____

Specific Dates Medication is to be administered: _____

Possible side effects of Medication: _____

Specific Instructions: _____

Wood River Parks & Recreation Department Day Camp

Waiver to walk to and from Day Camp

I _____, parent/guardian of the following camper, _____
_____, who attend Wood River Summer Day Camp give permission for the above child to walk to
walk to and from Wood River Summer Day Camp.

I understand that by signing this waiver and allowing my child to walk to and from Wood River Summer Day Camp
that the City of Wood River is not responsible for monitoring the safety of my child.

Parent Signature

Date