

SPRING BREAK CAMP 2018

Spring Break Camp is a week long day camp offered for school aged children, Kindergarten through 6th Grade during Branson Public Schools' scheduled Spring Break. If Branson Public Schools resumes session for snow make up days, the program will be cancelled. Activities are planned to ensure a fun-filled day for the children. A minimum of 5 children must be registered 48 business hours in advance (two business days prior) to each date in order to run the program for that day.

Program Information

Grades: Kindergarten - 6

Hours: 7:00am-6:00pm, March 12-16

Location: Branson RecPlex

Fees: \$65.00/\$60.00(RD) per child/week, \$25/\$20 per child/day
\$15.00/15 minutes will be added for late pickup fee beginning at 6:01pm.

Registration

PRE-REGISTRATION is highly encouraged. Walking in on the day of camp will not guarantee your child a spot. The front desk does not open for registrations until 8:00am, registrations will not be taken before then. Dates may be cancelled due to low enrollment (see the top of the page).

Dates Available

March 12-16, 2018

**These dates are based on the Branson School Calendar. If Branson Schools resume classes on these days or if the RecPlex closes for weather then Spring Break Camp will be cancelled.

What to Bring

Sack Lunch/snacks Weather appropriate clothing

Contact Information

Branson RecPlex: (417) 335-2368

Refunds/Credit

- All refund requests must be made in writing at the RecPlex front desk.
- **FULL REFUND**—Requires 48 hour notice prior to the start of camp, not including weekends or holidays. No refunds will be issued if the request is less than 48 hours notice or in the event of absence or vacation.
- In the event that camp is cancelled due to low enrollment or school is in session a full refund will be given.

Text Alerts

Sign up for text alerts by texting **@bprycamp** to **81010** for any updates or cancellations.

Pick Up

For the children's safety, children will not be released to anyone who is not listed on this page and/or without a matching driver's license.

Child's Name _____ Boy _____ Girl _____ Birthday _____ Age _____

(child must be enrolled in Kindergarten through 6th grade and be between the ages 5-12 to attend)

Home Address: _____ City _____ Zip Code _____

Mother/Guardian Name: _____ Phone: _____ Date of Birth: _____

Authorized To Pick Up

Email Address: _____ Driver's License # _____

Father/Guardian Name: _____ Phone: _____ Date of Birth: _____

Authorized To Pick Up

Email Address: _____ Driver's License # _____

Emergency Contact: _____ Phone: _____

(none parent/guardian - Authorized To Pick Up)

Relationship To Child _____ Driver's License # _____

I am the parent/legal guardian of the above named minor. I hereby waive, release and forever discharge all claims against the City of Branson, it's employees, volunteers, commissioners or agents for damages and/or injuries that may arise from participation in the above named program. I hereby authorize any duly licensed physician, emergency medical technician or medical facility to treat the above named minor for injuries that may be received while participating in the program. I also understand that my child's photo may be used to document or market this program.

I have read the One Day Fun Day information and understand that the camp sessions must be reserved with payment in full or a credit card number no less than 48 hours (2 days) prior to the session attending. I acknowledge that no refunds will be given after the deadline for that session. I have read, understand, agree to abide by all guidelines set forth in the above information.

Signature of Parent/Guardian _____ Date _____

For office use: Total Paid: _____ check / cash / charge Date: _____ Staff Initials: _____

Branson Parks & Recreation

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Participant Profile Form

Medical/Allergy Information

Does your child have an medical or allergy concerns? ____Yes____No

If yes, please explain.

- Medication must accompany the child in original container and turned into Camp Director
- For medication to be administered the child must see the Camp Director or designee
- Medication is NOT to be kept in lunchboxes or backpacks or with your child
- A new Administration of Medication form must be filled out for each additional medication

I hereby grant permission to the Day Camp Director or designee to assist in the administration of the following medication to my child:

Child's Name: _____ Name of Medication: _____

Dosage: _____ Treatment Of: _____

Administration Time: _____ Physician Name/Number: _____

Amount given to Staff: _____ Parent Signature: _____ Staff Signature: _____

Is there anything Camp staff should know about your child to ensure the best time at camp?

WAIVER TO ADMINISTER MEDICATION

The undersigned recognizes that the Branson Parks and Recreation Day Camp staff member, who will be responsible for ensuring the above medication, is not a pharmacist and accepts full responsibility for ensuring the above medication and further acknowledges that neither such a person or the City of Branson shall have any responsibility or liability arising from the above listed child taking medication in accordance with the instructions on the label. The undersigned also authorizes a Branson Parks and Recreation Day Camp staff member to administer the medication listed above.

Signature of Parent/Guardian: _____ Date: _____