



# Jacomo Summer Camp 2022

## Camper Information Form

Weeks Attending (Please check all that apply): 1 2 3 4 5 6 7 8 9 10

### Camper Information

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Gender: Male Female Shirt Size: YS YM YL YXL AS AM AL AXL  
 Has your camper attended Jacomo Summer Camp before? Y N  
 How did you hear about Jacomo Summer Camp? \_\_\_\_\_

### Guardian's Contact Info

Primary Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

Secondary Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

Check if authorized to drop off/pick up camper. NOTE: *Photo ID required at pick up.*

### Emergency Contact

In case of an emergency, please contact the following first:

Primary Guardian  Secondary Guardian

If neither primary nor secondary guardian can be reached in an emergency, please call:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Check if authorized to drop off/pick up camper. NOTE: *Photo ID required at pick up.*

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Check if authorized to drop off/pick up camper. NOTE: *Photo ID required at pick up.*

Camper's Doctor \_\_\_\_\_ Doctor's Phone ( ) \_\_\_\_\_  
 Hospital preference \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Primary Guardian \_\_\_\_\_

Date \_\_\_\_\_

For Official Use Only – Household Number: \_\_\_\_\_









# Jacomo Summer Camp 2022

## Camper Code of Conduct Agreement

### Behavior Guidelines

- ✓ Show respect to all participants of Jacomo Summer Camp. This includes all campers, counselors and any Jackson County staff or volunteers.
- ✓ Be responsible for their words and actions.
- ✓ Listen to camp counselors, camp staff and volunteers and follow their directions.
- ✓ Leave all electronic devices at home such as iPods, handheld computer games, MP3 players, and cell phones. (A parent/guardian must seek permission from the camp director for the camper to be able to carry a cell phone for emergencies. If a phone is found, it will be placed in the front office where it will be kept until the end of the day).

### Prohibited Behaviors

- ✓ Endangering the health and safety of themselves, other campers, and/or staff or volunteers.
- ✓ Stealing, damaging, or failing to care for Jacomo Summer Camp's equipment, other participants' personal property or their own personal property.
- ✓ Continual disruption of the program and lack of participation.
- ✓ Refusal to follow the behavioral guidelines and listening to counselors.
- ✓ Inappropriate physical contact.
- ✓ Using profanity, inappropriate language or displaying clothing or personal items with offensive content.
- ✓ Bullying or acts of aggression or violence.
- ✓ Possession or use of illegal substances, tobacco, or alcohol.
- ✓ Possession of weapons - any object that may cause harm to another or place another person in fear of his/her safety, may be considered a weapon.

### Steps Taken for Failure to Follow These Behavior Guidelines

- ✓ Counselor will redirect the camper to a more appropriate behavior.
- ✓ The camper will be reminded of the behavior guidelines.
- ✓ If the behavior persists, staff will discuss the problem with a parent/guardian and may have the camper sit out from the activity.
- ✓ The staff will document the situation. The written documents will include what the behavior problem is, what provoked the problem, and the corrective action taken.
- ✓ If the problem persists to the point where a second phone call becomes necessary, the Camp Director will be notified and may find it necessary to have the camper picked up early from camp.
- ✓ If a camper's behavior at any time threatens the immediate safety of him or herself, other campers, or staff, the parent/guardian will be notified and expected to pick up the child immediately.
- ✓ If problems persist, the Camp Director reserves the right to remove the camper from Jacomo Summer Camp. If this happens, you will not be eligible for a refund.

### Agreement

Failure to comply with the Code of Conduct may result in removal from the program and/or additional fees. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

I have read and understand this Code of Conduct. It is out of respect for myself, and others that I agree to abide by these rules. I understand if I violate these rules, I may be denied the privilege of participating in the Jacomo Summer Camp activities and I may be asked to leave the Jacomo Summer Camp by the Jackson County Associates.

---

*Camper Printed Name*

*Camper Signature*

*Date*

---

*Signature of Parent/Primary Guardian*

*Date*

*For Official Use Only – Household Number:* \_\_\_\_\_

# Jacomo Summer Camp 2022

## Agreement to Hold Harmless, Assumption of Risk, Publicity & Talent Release Waiver

LIVE.  
LOVE.  
CAMP.



Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

First Name

Last Name

Guardian's Name \_\_\_\_\_

I give my permission for the camper named above to attend the Jacomo Summer Camp and to participate in all the activities of said program. I affirm that this child is in good physical condition and will abide by the rules, regulations and decisions of the camp.

I authorize the employees of Jackson County Parks + Rec to administer emergency first aid treatment and to transport him/her to the hospital if deemed advisable by the person in charge. I further authorize the physician(s) to provide treatment for this child if I cannot be contacted by telephone in the event of an accident or illness. I understand that attendance at the Jacomo Summer Camp is not without risk to my child, even when the program is conducted with the greatest amount of care. In case of accident, injury or loss, I hereby waive and release Jackson County, Missouri and all elected or appointed officials, employees, instructors and volunteers of Jackson County, and any other persons in any other way connected with the Jacomo Summer Camp from any and all liability of any nature for injury or damage resulting from my child's attendance at the Jacomo Summer Camp, and I expressly assume the risk of such damage or injury while my child attends any function of the Jacomo Summer Camp.

I hereby give Jackson County and its legal representatives and assigns, permission to use my child's name, face, likeness or voice in still photographs, recordings and video footage for use in brochures, fliers, newspaper articles, television, radio, social media or any other media without compensation for the purpose of promoting the Jacomo Summer Camp and other Jackson County Parks + Rec programs and facilities. I hereby release, discharge and agree to save Jackson County, its legal representatives and assigns from any liability as a result of any optical or audio distortion, blurring, alteration, optical illusion or use in composite form either intentionally or otherwise which may be produced.

I give permission for my child to participate in field trip/excursions and for Jacomo Summer Camp to transport my child.

\_\_\_\_\_  
*Signature of Parent/Primary Guardian*

\_\_\_\_\_  
*Date*

*For Official Use Only – Household Number:* \_\_\_\_\_



