



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 Authorized Ride and Pick-Up Release

Camper's Name _____ Age _____
First Name Last Name

Please list the people you authorize to pick up your child from Jackson County Parks + Rec Jacomo Summer Camp in addition to primary/secondary guardians and emergency contacts listed on the Camper Information Form. These are to include all parents, carpool drivers, older siblings that drive, any neighbors, relatives or co-workers who are permitted to pick up your child. If you need to add or delete a name on this list, a new form may be completed at the Kemper Outdoor Education Center Front Office. Photo identification will be required each day from individuals picking up children.

Individuals listed below were not listed on my child's "Camper Information Form" but have my permission to drop-off or pick-up my camper to/from Jacomo Summer Camp. Please Print clearly.

Last Name	First Name	Relationship	Phone Number

Signature of Parent/Primary Guardian _____ Date _____

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Jacomo Summer Camp 2022

Health Questionnaire Form

Camper's Name _____ Age _____

First Name

Last Name

Your child's health and safety are our number one priority. All our staff are required to have a current first aid and CPR certification. Please let us know of any changes to your child's health that may affect their participation at camp. Campers should bring and use insect repellent and sunscreen (minimum 30 SPF) daily. **Please answer each question. Describe the condition and any instructions, medications, recommendations and precautions.**

1. Are there any allergies which might affect your child at camp? If yes, list and describe. Yes No

2. Will your child be on any medication while attending camp? Yes No

If yes, please include the name of the medication, the dose and time your child takes. You will need to drop off the medication at the Kemper Outdoor Education Center Front Office and complete a Medication Authorization and Release Form (see next page).

3. Does your child have a physical condition or limitation of which the staff should be aware? Yes No

If yes, please list the condition/limitation and describe ways staff may work with your child.

4. Does your child exhibit behavior or discipline problems? Yes No

If yes, describe the problem and recommended ways staff may work with any behavior problems.

(Please thoroughly review our Code of Conduct Agreement.)

5. Has your child recently been exposed to any communicable disease? If yes, please explain. Yes No

6. Is your child up to date on their vaccinations required by school? Yes No

7. Date of last tetanus shot? _____

8. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program or use this space to provide additional details if needed.

Signature of Parent/Primary Guardian

Date

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Jacomo Summer Camp 2022
Medication Request
Authorization & Release Form



Camper's Name _____ Age _____
First Name Last Name

This form is only required for campers that are taking medication, including over the counter medication, while at camp. Medications must be checked in at the Kemper Outdoor Education Center Office and all medication must be in original bottles with correct labeling.

Name of Medication _____
For What Condition _____
Side Effects _____
Precautions _____

Name of Doctor Prescribing Medication _____
Doctor's Phone () _____ Pharmacy Phone () _____
Days (Please check all that apply): M T W TH F
Times Dosage _____

Request, Authorization & Release for Child Requiring Medication at Day Camp

I have read and understand Jackson County Parks + Rec's policy on dispensing medication at the Jacomo Summer Camp. As I have no other alternative than to have my child, named above, take his/her medicine while at camp, I hereby request and authorize the staff of the Jacomo Summer Camp to store my child's prescription medication, described above, and to supervise my child taking this medication. I understand that under no circumstance shall the medication be in the possession of the child. I also understand that no member of the Jacomo Summer Camp staff is a physician, nurse or pharmacist and I accept full responsibility for this request and authorization. I will provide all medication in the original pharmacy labeled bottles. I will be responsible for ensuring the summer camp staff has an adequate supply of the medication on hand at all times, and I will take back any leftover medication on my child's last day at camp. Medications not claimed within 30 days of the last camp date will be given to the police department for disposal.

Signature of Parent/Primary Guardian _____ Date _____

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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

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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

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Jacomo Summer Camp 2022

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

LIVE.
LOVE.
CAMP.



Camper's Name _____ Age _____

First Name

Last Name

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly airborne from person-to-person. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Jackson County Parks + Rec (JCP+R) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, JCP+R cannot guarantee that your minor child(ren) will not become infected with COVID-19. Further, participating in Jacomo Summer Camp may increase your minor child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my minor child(ren) may be exposed to, or infected by COVID-19 by using, attending or participating in Jacomo Summer Camp and its related activities, and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 at a JCP+R facility, program or activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to JCP+R employees, volunteers, other patrons, and their families.

I voluntarily agree to assume all of the foregoing risks and accept the sole responsibility for any injury to myself or my minor child(ren) including, but not limited to: personal injury, disability and death, illness, damage, loss, claim, liability or expense, of any kind, that I and/or my minor child(ren) may experience or incur in connection with the use of JCP+R facilities and/or participation in activities or programs. On behalf of myself and/or my minor child(ren), I hereby release, covenant not to sue, discharge and hold harmless JCP+R, Jackson County, Missouri, and each of their respective employees, agents, attorneys, and representatives, of and from all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this waiver and release includes any claims based on the actions, omissions, or negligence of JCP+R, its employees, agents, attorneys and representatives, whether a COVID-19 infection occurs before, during or after use of any JCP+R facility or participation in any JCP+R activity or event.

If I have signed a separate general waiver of liability connected to my minor child(ren) participation at Jacomo Summer Camp, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

Signature of Parent/Primary Guardian

Date

For Official Use Only – Household Number: _____



Jacomo Summer Camp 2022 Guardian Waiver/Acknowledgement Form

Camper's Name _____ Age _____
 First Name **Last Name**

Guardian's Name _____

_____ **INITIAL** I understand the Campers will be placed in age groups and those groups will remain the same for the entire week. Campers will not be allowed to change groups unless the Camp Director feels necessary. Jacomo Summer Camp will try our best to have the same counselors oversee the group for the entire week in a 1:10 ratio although in some instances we may have to make substitutions.

_____ **INITIAL** I agree that my camper will practice safe social distancing, clean hygiene and wearing their mask when indicated, during their participation at Jacomo Summer Camp, and if not, that JCP+R reserves the right to remove my minor child(ren) from camp.

_____ **INITIAL** I understand and agree that if my camper is showing signs of COVID-19, I will keep them home. I understand if my camper shows signs of COVID-19 while at Jacomo Summer Camp, they will be quarantined in an area designated in the Kemper Outdoor Education Center and a guardian will be required to pick the camper up immediately.

_____ **INITIAL** I give my child permission to take part in all activities and field trips. I understand field trips can be cancelled or changed.

_____ **INITIAL** I give permission for my child to watch a PG movie inside if applicable.

_____ **INITIAL** I agree that my camper will leave all electronics including cell phones at home. If electronics are found, I understand it will be placed in the Front Office where it will be kept until the end of the day.

Signature of Parent/Primary Guardian

Date

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