

Mission Oaks Recreation and Park District  
**Ages 3 – 5 CAMPER PROFILE**



PLEASE PRINT ALL INFORMATION

Camper's First & Last Name \_\_\_\_\_

Parent's First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Daytime Telephone Number(s) \_\_\_\_\_

Camper Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Does the camper have any allergies that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, Please List \_\_\_\_\_

Does the Camper have any medical problems staff should know? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, Please Explain \_\_\_\_\_

List any campers that you would like your child placed with during any of the camp sessions. (We do not guarantee that all requests will be accommodated. See "Guide")

**TOILET HABITS:**

Is the camper toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the camper able to go to the bathroom unassisted? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY INFORMATION-PARENTS WILL BE NOTIFIED FIRST IN CASE OF EMERGENCY**

1) NAME \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2) NAME \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

IF PARENT CANNOT BE REACHED FIRST, THEN NOTIFY EMERGENCY CONTACT PERSON:  
(SOMEONE WHO HAS ACCESS TO TRANSPORTATION DURING PROGRAM HOURS)

NAME \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Please Check (X) Sessions Enrolled

SESSION 1: June 21<sup>st</sup> – June 25<sup>th</sup>

SESSION 2: June 28<sup>th</sup> – July 2<sup>nd</sup>

SESSION 3: July 5<sup>th</sup> – July 9<sup>th</sup>

SESSION 4: July 12<sup>th</sup> – July 16<sup>th</sup>

SESSION 5: July 19<sup>th</sup> – July 23<sup>rd</sup>

SESSION 6: July 26<sup>th</sup> – July 30<sup>th</sup>

SESSION 7: August 2<sup>nd</sup> – August 6<sup>th</sup>

SESSION 8: August 9<sup>th</sup> – August 13<sup>th</sup>

Mission Oaks Recreation and Park District  
**Grades K – 4 CAMPER PROFILE**



PLEASE PRINT ALL INFORMATION

Camper's First & Last Name \_\_\_\_\_

Parent's First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Camper Date Of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Does the camper have any allergies that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, Please List

Does the Camper have any medical problems staff should know? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, Please Explain

List any campers that you would like your child placed with during any of the camp sessions. (We do not guarantee that requests will be accommodated. See "Guide")

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION-PARENTS WILL BE NOTIFIED FIRST IN CASE OF EMERGENCY**

1) NAME \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2) NAME \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

IF PARENT CANNOT BE REACHED FIRST, THEN NOTIFY EMERGENCY CONTACT PERSON:  
(SOMEONE WHO HAS ACCESS TO TRANSPORTATION DURING PROGRAM HOURS)

NAME \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_

Please Check (X) Sessions Enrolled

- SESSION 1: June 21<sup>st</sup> – June 25<sup>th</sup>
- SESSION 2: June 28<sup>th</sup> – July 2<sup>nd</sup>
- SESSION 3: July 5<sup>th</sup> – July 9<sup>th</sup>
- SESSION 4: July 12<sup>th</sup> – July 16<sup>th</sup>

- SESSION 5: July 19<sup>th</sup> – July 23<sup>rd</sup>
- SESSION 6: July 26<sup>th</sup> – July 30<sup>th</sup>
- SESSION 7: August 2<sup>nd</sup> – August 6<sup>th</sup>
- SESSION 8: August 9<sup>th</sup> – August 13<sup>th</sup>

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**(PLEASE PRINT)**



Participant's Name  
 1. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Group: 3-5  K-4   
 2. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Group: 3-5  K-4   
 3. \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Group: 3-5  K-4

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Mother \_\_\_\_\_ Home # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

How did you hear about us? Neighborhood News  Website  Email  Other  \_\_\_\_\_

**AGREEMENT, WAIVER AND RELEASE**  
**CAMP HAVE A LOT OF FUN JUNE 21, 2010 – AUGUST 13, 2010**

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, or cost, or expense, which they may incur as a result of my death or injury or property damage that I may sustain while participating in said activity.

**Parental Consent: (to be completed and signed by parent/guardian if applicant is under 18 years of age)** I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which they may incur as a result of the death or injury, or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Signature of \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

- SESSION 1: June 21st - June 25th
- SESSION 2: June 28th - July 2nd
- SESSION 3: July 5th - July 9th
- SESSION 4: July 12th - July 16th
- SESSION 5: July 19th - July 23rd
- SESSION 6: July 26th - July 30th
- SESSION 7: August 2nd - August 6th
- SESSION 8: August 9th - August 13th

Amount of Sessions X \$48 each \_\_\_\_\_

TOTAL RECEIVED \_\_\_\_\_  
 \$48 per session /\$8 per T-Shirt

Amount of T-Shirts X \$8 \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_  VISA/ MASTERCARD RECEIPT # \_\_\_\_\_

**A \$44 returned check fee will be charged on all returned checks.**