

2016 ADDENDUM FORM

Mission Summer Camp & Tween 'N Teen Camp

Aquatics:

I understand MSC/TNT involves swimming at various pools.

Does Participant know how to swim?

Yes _____ No _____

If so, approx. what level? _____

Field Trips:

I give permission for my child to participate in all Fieldtrips and to be transported as authorized by Mission Parks & Recreation Department.

Yes _____ No _____ Initials _____

Sunscreen Permission:

The Kansas Department of Health and Environment prohibits camp staff from applying sunscreen to children without a parents or doctors' approval. Therefore, without your permission, camp instructors will not apply sunscreen to your child. Please apply waterproof sunscreen to your child before camp, each day. If you have a preferred sunscreen, please send it with your child, as the staff will remind children to re-apply sunscreen to themselves throughout the day.

I authorize the MSC/TNT Camp Staff to apply sunscreen to my child and supply extra sunscreen as needed.

Yes _____ No _____ Initials _____

Media Release:

I hereby grant the Mission Parks & Recreation Department permission to record my child/ward's or their likeness and/or voice for use in television, films, radio, or printed media to further the aims of the Parks and Recreation Program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

Yes _____ No _____ Initials _____

Release of Liability:

I, the undersigned, as a participant or parent/guardian of the participant in the above named program and any swimming or tennis lessons offered in conjunction with this program, I do understand that, in consideration of the Parks & Recreation Department, City of Mission, KS, do release them, their officers, agents or employees from all liability demands or claim for loss, or damage of injury resulting from participating in the above, as there is no insurance provided. I recognize and understand that the above program requires that the participant be in good health, and I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the above program, and for any necessary emergency medical treatment. I hereby give authority to any hospital or doctor to render immediate emergency aid/or any medical surgical or hospital care, treatment and procedures as might be required at the time for my child's health and safety. I also give permission for my child to be transported by ambulance or aid car to and emergency center for treatment. I understand that any expense for this service is my responsibility.

Name of Parent or Guardian Registering Camper

Date

Signature of Parent or Guardian Registering Camper

Date

Please return ALL forms to Sarah Sooter to complete registration.

Mail: 6200 Martway, Mission, KS 66202 | **Fax:** 913.722.8218 | **Email:** ssooter@missionks.org