

Camps Supplemental Information Form

You are welcome to complete one form for multiple children from the same household. Please indicate any differences as needed. All information will be able to be reviewed or updated at camp during drop-off. Items with a * are required.

Participant Name(s)*: _____

Guardian 1 Name*: _____ Guardian 1 Cell Phone*: _____

Guardian 1 Email Address: _____ Guardian 1 Alt. Phone: _____

Guardian 2 Name: _____ Guardian 2 Cell Phone: _____

Guardian 2 Email Address: _____ Guardian 2 Alt. Phone: _____

Emergency Contact Name*: _____ EC Cell Phone*: _____
[and relationship to the participant(s)]

Other Adults Authorized to Pick Up Participant(s) from Program*: _____

Participant(s) may check themselves out at the end of program to walk or bike home: YES NO

Health Insurance Provider: _____ Group / Subscriber Number: _____

Hospital Preference: _____ Doctor's Name: _____

Other information we should know about your child(ren): _____

Participation Agreement

By registering for MSCR youth programming, I hereby understand and agree to the following:

1. My child(ren) and I will adhere to MSCR rules and procedures.
2. I have read the Youth Programs Policy Handbook and I am aware of MSCR policies, procedures and guidelines.
3. I have read the Participant Expectations of Behavior and am aware that MSCR staff will use these guidelines when working with participants and families to resolve any behavior issues.
4. My child and I will treat all MSCR participants, staff, volunteers and families with respect and dignity in language, attitude, behavior and mannerisms regardless of race, creed, color, gender, sexual orientation, gender identity or ability.
5. I will provide MSCR with current information regarding my child's address, phone number, medication, disabilities, swimming abilities and any other relevant information that will enable MSCR staff to serve my child in the best possible manner.
6. I hereby give permission for MSCR to take or transport my child(ren) on supervised field trips during program hours.
7. All children must leave the building at the close of the program. Guardians are responsible for their children at closing time.
8. I hereby grant permission for MMSD/MSCR staff to share with each other any information or records regarding my child. This includes the ability of MMSD school staff to disclose to MSCR staff pupil records or information related to disability status, health conditions and behavioral concerns for the purpose of providing appropriate accommodations and supports in MSCR youth programming.
9. MSCR/MMSD staff have my permission to assist my child in the application of sunscreen and/or insect repellent prior to outdoor activities. It is my understanding that children are required to bring both sunscreen and insect repellent for use during MSCR programs. Children should come to their program in the morning with sunscreen already applied.
10. If emergency medical care is deemed necessary and I am unable to be reached, MSCR staff is authorized to act in my child's behalf in granting permission for my child to receive emergency treatment or surgery.

Guardian Signature: _____ Date: _____