



Emporia Recreation Center Camp Wilson Registration Form

Child's First & Last Name: _____

Date of Birth: _____

Grade: _____ Age: _____

Parent/Guardian Name: _____
(Please Print)

Home Address: _____ City: _____ State: _____

Zip: _____ Mobile Phone: _____ Work Phone: _____

Parent Email: _____

Authorized Pick-up List*

| Name | Phone |
|------|-------|
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*Your child will only be allowed to be picked up by the persons on this list. The signature of a parent/guardian is required if someone not on the list will be picking up the participant.

WAIVER STATEMENT

The undersigned states that he/she understands that the Emporia Recreation Commission/Sponsors is not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from the programs in which the undersigned is enrolling the above participants in, and the undersigned hereby forever releases and holds harmless the said Emporia Recreation Commission and Sponsors from any and all claims of any kind that the enrolled or his/her heirs, executors, administrators, or assigns may have or claim to have resulting from his/her participation in said programs. Also, the undersigned waives any and all claims that he/she or his/her heirs, executors, administration or assigns may have or claim to have resulting from a photograph (black/white or color) taken of said person while participating in a program.

_____ Date: _____

Signature of Parent/Guardian

Emporia Recreation Center Camp Wilson Permissions Form



For Off-Premises Trip:

_____ may go to the following locations with adult supervision.
Child's First & Last Name

Jones Aquatic Center

Peter Pan Park

Hammond Park

King Lake/PAROC at ESU

Emporia Recreation Center

B&B Theater

Swim & Dive:

Each child will be administered a swim test by lifeguards before they will be allowed to swim in the DEEP END of the pool. Each child must also have signed permission from their parent/guardian to swim, use the slides and/or jump off the diving board. Please note that if any box is left unchecked, children will not be allowed to use that area. Children will be given a colored wristband to wear depending on their restrictions and swim test.

I give my child, _____ permission to participate in the following activities at the Jones Aquatic Center or the Emporia Recreation Center swimming pools:

SHALLOW END ONLY

Leaving this line blank indicates that you **do not** wish for your child to swim.

DEEP END

Leaving this line blank indicates that you **do not** wish for your child to swim in the deep end.

DIVING BOARD

Leaving this line blank indicates that you **do not** wish for your child to use the diving boards.

SLIDES

Leaving this line blank indicates that you **do not** wish for your child to use the slides.

Please be aware that if your child does not pass the test to swim in the deep end, they will also not be allowed to use the diving board.

Date: _____

Signature of Parent/Guardian

Emporia Recreation Center Camp Wilson Health & Medical Form



Child's First & Last Name: _____

Parent/Guardian Name: _____
(Please Print)

Name of Hospital Preference in case of emergency: _____

Will this child need to take any nonprescription or prescription medication during their time at Camp Wilson?

Yes No

If yes above, please fill out the Medication Authorization Form (Short and/or Long Term).

Does your child have any medical conditions that we should know about? Yes No
If Yes, please describe.

List person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Phone Number.

| Name | Phone |
|------|-------|
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I attest to the best of my knowledge that the information provided on this form is true and correct.

_____ Date: _____

Signature of Parent/Guardian

