



300 W. Ash St., Rm. #100  
 Salina, KS 67401  
 785-309-5765  
 www.salina-ks.gov/therapeuticrecreation

**THERAPUETIC RECREATION  
 WILD-N-WACKY  
 CAMP ADVENTURES  
 2016**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ M F

ADDRESS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

PLEASE  
CIRCLE

<input checked="" type="checkbox"/>	SESSION	NEED A RIDE? Y/N	Pick up address Drop off address	FEE	WITH TRANS.
<input type="checkbox"/>	SESSION I: June 6-29 Mon./Wed 5-9 years 9:00 am-11:00 am 7002.120			\$50	\$62
<input type="checkbox"/>	SESSION I: June 7-30 Tu/Thurs 10-14 years 9:00 am-11:30 am 7002.121			\$50	\$62
<input type="checkbox"/>	SESSION I: June 7-30 Tu/Thurs 15-25 years 1:30 pm-4:00 pm 7002.122			\$50	\$62
<input type="checkbox"/>	Smoky Hill Railroad Field Trip 7002.110 June 10 Deadline June 9 11:00 am-1:00 pm		Meet at Carver Center at 10:30 am	Camper only \$5	Non-camper \$10
<input type="checkbox"/>	Sternberg Museum Field Trip 7002.123 June 24 Deadline June 23 8:00 am-2:00 pm		Meet at Carver Center at 7:45 am	Camper only \$7	Non-camper \$10
<input type="checkbox"/>	SESSION II: July 6-27 Mon./Wed 5-9 years 9:00 am-11:00 am 7002.223			\$50	\$62
<input type="checkbox"/>	SESSION II: July 7-28 Tu/Thurs 10-14 years 9:00 am-11:30 am 7002.224			\$50	\$62
<input type="checkbox"/>	SESSION II: July 7-28 Tu/Thurs 15-25 years 1:30 pm-4:00 pm 7002.225			\$50	\$62
<input type="checkbox"/>	Field Trip TBA 7002.212 July 1 Deadline June 30 9:00 am-TBA		Meet at Carver Center at 8:30 am	Camper only \$TBD	Non-camper \$TBD
<input type="checkbox"/>	Zoolu Swim Field Trip 7002.226 July 15 Deadline July 14 9:30 am-4:00 pm		Meet at Carver Center at 9:00 am	Camper only \$5	Non-camper \$10
				Total	

**\*Please Notice\***  
 Pre-registration is required for all Parks & Recreation programs.  
 Payment is due in full before the session begins.

**No payment plans:**  
 Fee assistance is available to those who qualify  
 Applications are located at the Parks & Recreation  
 Office **\*\***(You will need your free/reduced lunch paperwork)\*\*

<b>Does your child have any of the following:</b>	<b>Does your child use a wheelchair?</b>	<b>Y</b>	<b>N</b>
___ <b>seizures</b>	<b>Other mobility devices?</b>	<b>Y</b>	<b>N</b>
___ <b>blackout spells</b>	<b>If yes, please specify:</b>		
___ <b>heart problems</b>	_____		
___ <b>visual impairment</b>	<b>Does your child use a specialized communication system?</b>	<b>Y</b>	<b>N</b>
___ <b>hearing impairment</b>	<b>Additional Comments:</b>		
___ <b>food allergies/limitations</b>	_____		

**\*REMINDER\***

Salina Parks and Receptions staff will not administer medication of any kind to day campers.  
Please give them their medication before or after camp, or make individual arrangements.  
Staff will not provide personal care such as toileting, feeding, changing.  
If your child needs 1:1 assistance, please make individual arrangements.

**PARTICIPANT CONSENT FORM & MEDICAL TREATMENT AUTHORIZATION**

In the event that the individual(s) registered in any Salina Parks & Recreation sponsored programs(s) may be in need of treatment at any emergency room or medical care facility, the participant's instructor, or any employee of the City of Salina Parks & Recreation Department and/or other sponsoring agencies, has my consent to authorize treatment for the participant(s) by the doctor(s) of their choosing as the doctor(s) may deem necessary.

I, the undersigned, do hereby acknowledge that I have granted permission for me/my child to participate in any and all programs(s) with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the city of Salina Parks & Recreation Department, other sponsoring agencies and all of their representatives free from liability for any injury, harm, or complication resulting from said participation in any and all program(s). Furthermore, I do understand that accident insurance is not provided by the City of Salina Parks & Recreation Department and/or other sponsoring agencies, and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by me and/or my child while participating in said program(s).

I also acknowledge that the City of Salina Parks & Recreation Department may take photographs of me/my child while participating in Parks & Recreation sponsored activities and I grant permission for the Parks & Recreation department to use said photographs for the purpose of promoting and informing the community about Parks & Recreation activities.

\_\_\_\_\_

Participant/Guardian Signature \_\_\_\_\_  
Date