

Bel Aire Recreation Summer Day Camp Payment Agreement

	Residents	Non-Residents
Deposit (per week)	\$20	\$20
Full Weeks (5 days)	\$120	\$140
Four Day Weeks (Week of May 30th & July 3 rd)	\$96	\$112

As a SOC Registrant a \$20 deposit per week per child is due at the time of registration in order to reserve a spot for each week you want to enroll your child in. Deposits are non-refundable and non-transferable. All online deposits and week payments have to be approved by administration before payment is collected.

The weekly fee is due the **Monday** prior to the week attending camp.

Failure to pay weekly fees in a timely manner will result in termination of services until the payments due are paid in full.

If the child fails to attend two consecutive weeks without notifying Bel Aire Recreation center, they will be withdrawn from camp and deposits will be forfeited.

Payment Schedule

All deposits are due at time of registration to reserve spot for each week needed of care per child.

All online deposits and week payments have to be approved by administration before payment is collected.

Week	Week Fee Due Date
1 (May 30- June 2)*	May 22 nd
2 (June 5-9)	May 29 th
3 (June 12-16)	June 5 th
4 (June 19-23)	June 12 th
5 (June 26-30)	June 19 th
6 (July 3-7)*	June 26 th
7 (July 10-14)	July 3 rd
8 (July 17-21)	July 10 th
9 (July 24-28)	July 17 th
10 (July 31- Aug 4)	July 24 th

Registration is not complete until deposit, paperwork & weekly fee balance is completed.

Childs Name: _____

Date Registered: _____

Deposit Paid: _____

Payment Method: Cash Check CC

Weeks Enrolling: All 1 2 3 4 5 6 7 8 9 10

Deposit: \$20/week per child

Full Weeks: Residents- \$120 Nonresidents- \$130

Week 1 & 6*: Residents- \$96 Nonresidents- \$104

Week	Deposit	Deposit Receipt #	Week Fee	Week Fee Receipt #
1 (May 30- June 2)*				
2 (June 5-9)				
3 (June 12-16)				
4 (June 19-23)				
5 (June 26-30)				
6 (July 3-7)*				
7 (July 10-14)				
8 (July 17-21)				
9 (July 24-28)				
10 (July 31- Aug 4)				

Participant Information				
First Name	Last Name	Gender	Birthdate	Grade in 21/22
Home Address	City	Zip	Phone (XXX) XXX-XXXX	
Please Select T-Shirt Size (check one) ___ YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___ AXL				
Adult Payee Information				
First Name	Last Name	Phone (XXX) XXX-XXXX		
Email Address		Birthdate		
Emergency Contact Information				
Parent/Guardian Name		Parent/Guardian Name		
Phone		Phone		
Email		Email		
Home Address		Home Address		
City	Zip	City	Zip	
Emergency Contact (other than Parents)				
Name	Phone	Relationship		
Address	City	Zip		
Pick-Up Authorizations I authorize only the following persons to pick up my child (other than parents & emergency contact)				
Name	Phone	Relationship		
Address	City	Zip		
Name	Phone	Relationship		
Address	City	Zip		
Name	Phone	Relationship		
Address	City	Zip		
Special Health Considerations				
Allergies, physical limitations, etc:				
Medications				

Bel Aire Recreation Summer Day Camp Waiver/Release of Liability and Authorization for Activities

In consideration of my minor child/ward _____ being allowed to participate in the Bel Aire Recreation Summer Day Camp (SDC) summer recreation program and related events and activities, I, the parent/guardian, acknowledge, understand and agree that:

1. I am fully aware and hereby acknowledge that the risk of serious injury from this activity, including, but not limited to, the risk of serious personal and physical or emotional injury, paralysis, death or other harmful consequences which could arise from my child's/ward's participation in this activity.
2. Being fully informed as to these risks and in consideration of the City allowing my child/ward to participate in the SDC program, I expressly agree and promise to accept and assume all risks associated with this activity. My child's/ward's participation in this activity is purely voluntary and I elect to allow their participation in spite of these risks.
3. On behalf of myself, my child/ward, my heirs and assigns, I hereby voluntarily waive, release, forever discharge, and agree to indemnify and hold harmless The City of Bel Aire, its elected officials, officers, agents, employees, instructors, representatives and volunteers from and against any and all liability for personal injury or property damage which I or my child/ward may have, or which may hereafter accrue to me or my child as a result of participation in any of the activities or events conducted by, on the premises or, or for the benefit of the SDC summer recreation program. I also hereby agree to indemnify and hold harmless The City of Bel Aire, its elected officials, officers, agents, employees, instructors, representatives and volunteers from and against any and all claims, damages, losses and expenses, including attorney's fees, which they may incur as a result of my child's/ward's participation in the said activities.
4. The waiver and indemnification I have agreed to as set forth above shall be applicable to all activities of the SDC summer recreation program and additionally those activities as set forth below in which I have authorized and requested that my child/ward be allowed to participate as indicated by placing my initials next to each description of such activity for which I grant my permission. I understand that all SDC activities will take place between the dates of May 30th and August 4th, 2023:

Please place initials next to each description activity for which you grant permission.

_____ Field Trip - Participants may be transported to scheduled field trips by licensed public conveyance or rented motor vehicles, the described vehicles will be properly insured as required by Kansas law.

_____ High Risk Activity – Swimming. Participants may participate in swimming.

_____ High Risk Activity – Sunscreen & Bug Spray Application. I hereby request that the SOD summer recreation program staff assist in applying sunscreen & bug spray during the SOD program camp hours.

_____ High Risk Activity -Participating in interactive sports, games, or craft activities.

_____ Photo-Video Authorization. I authorize and give my consent to the City of Bel Aire, its employees, agents, or volunteers to photograph/video my child/ward or me and without limitation, to use such photographs /video in connection with promoting/advertising the programs of the City of Bel Aire without consideration of any kind.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE AND AGREE TO BE BOUND BY ITS TERMS. I HERBY CERTIFY THAT I AM THE PARENT/GUARDIAN OF THIS MINOR CHILD AND THAT I HAVE THE LEGAL RIGHT TO ALLOW THIS CHILD TO PARTICIPATE IN THIS ACTIVITY. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY AND BY DOING SO IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN SOD ACTIVITIES I HAVE INITIALED ABOVE AND TO ASSUME ANDACCEPT ALL RISKS ASSOCIATED THEREWITH. THIS RELEASE IS EFFECTIVE ON THE DATE SIGNED.

PARENT/GUARDIAN SIGNATURE

DATE



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
Bel Aire Recreation Center	#78029

I authorize Bel Aire Recreation Staff (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between 05/30/2023 and 08/04/2023.
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u> County of _____ Signed or attested before me on _____ by _____. MM/DD/YYYY Name of Person (Seal, if any.) _____ Signature of notarial officer _____ Title (and Rank) My appointment expires: _____
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HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
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Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.
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Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.	
Signature of person completing this form	Date Signed



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Bel Aire Recreation Center			License # #78029		
Street Address of the Facility 5251 East 48th St N		City Bel Aire	Zip Code 67220	County SG	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Central Park Pool & Playground	Street Address 7350 E Central Park Ave	City Bel Aire	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Bel Aire Park	Street Address 37th & 45th	City Bel Aire	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Alley Park	Street Address 49th & Parkhurst	City Bel Aire	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Great Plains Nature Center	Street Address 6232 East 29th St N UNT 2200	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Riverside Park	Street Address 700 N Nims	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sedgwick County Park	Street Address 6501 W 21st St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Wichita Art Museum	Street Address 1400 W Museum Blvd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Northrock Lanes	Street Address 3232 N Rock	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Edgemoor Park	Street Address 5815 E 9th St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sedgwick County Zoo	Street Address 5555 W Zoo Blvd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place City Arts	Street Address 334 N Mead	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sunrise Christian Academy	Street Address 5500 E 45th St N	City Bel Aire	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	



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Street Address of the Facility 5251 East 48th St N		City Bel Aire	Zip Code 67220	County SG	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Robert Shryock Park	Street Address 2923 Ohio St	City Augusta	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place AMC Northrock 14	Street Address 3151 N Penstemon St	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Botanica Wichita	Street Address 701 Amidon St	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Riverfront Stadium	Street Address 275 S McLean Blvd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Old Cowtown Museum	Street Address 1865 W Museum Blvd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Advanced Learning Library	Street Address 711 West 2nd St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Color Me Mine	Street Address 2441 N Maize Rd Suite 215	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Paint the Towne LLC	Street Address 1625 S Rock Rd #135	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place The Alley Indoor Entertainment	Street Address 11413 E 13th St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Wichita Sports Forum	Street Address 2668 N Greenwich Rd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Museum of World Treasures	Street Address 835 E 1st St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Pawnee Prairie Park	Street Address 2625 S Tyler Rd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	