



## Parks & Recreation

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2701 Cypress Point  
Missouri City, Texas 77459

Phone: 281.403.8637  
www.missouricitytx.gov

To Our Missouri City Families,

Missouri City Parks and Recreation is proud to offer Summer Day Camp, a safe, action-packed camp that is sure to give your child a memorable summer and parents, peace of mind. Our campers will enjoy active play, arts and crafts, weekly science experiments, and small group activities. In addition, each week will feature a themed special presentation and an incredible field trip adventure. This summer will be great and we can't wait to get started.

New this summer, camp will take place at Missouri City's Community Center, 1522 Texas Parkway, Missouri City, TX 77489. We will have exclusive use of the facility throughout camp. This will allow us to offer smaller group activities and a more enriching program.

In order to register your camper, bring this completed packet, copies of any parent/guardian(s) driver's license, a copy of the child's birth certificate, and your weekly deposit(s) to the Missouri City Recreation & Tennis Center, 2701 Cypress Point Drive. Please note, once camp begins on June 10<sup>th</sup>, registrations and payments will be accepted at the Rec & Tennis Center and the Community Center.

Included in this packet is the Missouri City Parks & Recreation Children's Programs Parent's Manual. Inside you will find general information about our programs, behavioral expectations for your child, and rules and regulations regarding your child's care. Please carefully review the information and keep the manual for future reference. There will be a **Mandatory Parent Orientation on Thursday, May 30<sup>th</sup>, 6:00 pm** at the Missouri City Community Center, 1522 Texas Parkway, Missouri City, TX 77489.

We are looking forward to a fun-filled summer with plenty of action, exploration and discovery!

Happy Camping!!

**Daniele Stewart**

*Recreation Specialist*

*Missouri City Parks & Recreation*

*phone: 281.403.8634*

*email: Daniele.Stewart@missouricitytx.gov*

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**For Internal Use Only**

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Enrollment Form

\_\_\_\_\_ Parent Acknowledgement

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Child's Birth Certificate  
(New Campers Only)

\_\_\_\_\_ Parent/Guardian Driver's License

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Summer Day Camp 2019 Enrollment Form**

Parent / Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Secondary Cell Phone #: \_\_\_\_\_ Secondary Work Phone #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ DOB & Age: \_\_\_\_\_

**Regular Day Hours: 9 AM - 5 PM**  
**Fee: \$125/camper/week**  
**\*Session 4 Fee: \$100/camper**

**Early Riser Hours: 7:30 AM – 5:30 PM**  
**Fee: \$150/camper/week**  
**\*Session 4 Fee: \$125/camper**

Please check the sessions you would like to sign up for:

- In order to reserve a spot, a deposit of \$50/camper is required for EACH session.
- Full tuition is due by **Monday** at 6 PM the week prior to the desired session.
- If full tuition is not paid on time, both the camper's spot and deposit will be forfeited.
- A waitlist will be created once a session is filled.
- **Mandatory Parent Orientation on Thursday, May 30<sup>th</sup> at 6:00 pm @ Community Center, 1522 Texas Parkway**

Regular Day	Extended Day	Session	Dates	Full Tuition Due Date
		1	June 10-14	June 3
		2	June 17-21	June 10
		3	June 24-28	June 17
		4	July 1-5*	June 24
		5	July 8-12	July 1
		6	July 15-19	July 8
		7	July 22-26	July 15
		8	July 29-Aug 2	July 22

Please Check All That Apply

\*No camp July 4<sup>th</sup>



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**2019 SUMMER DAY CAMP  
Registration Form**

**A copy of the child's birth certificate and legal guardian's driver's license must accompany this registration form.**

**I. PARTICIPANT'S INFORMATION** (Participant must be between 5-12 years of age and be physically and mentally able to participate in all activities and events of Missouri City Children's Programs.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-shirt Size:            YS            YM            YL            AS            AM            AL

**II. PARENT/GUARDIAN INFORMATION** (Parent/ Legal Guardian must be over 18 years of age)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**III. EMERGENCY CONTACT INFORMATION** (Please choose individuals other than parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**IV. INSURANCE AND MEDICAL PROVIDER INFORMATION**

Medical Insurance Carrier: \_\_\_\_\_ Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**V. ALLERGIES & OTHER MEDICAL INFORMATION**

Please list any MEDICINAL, SEASONAL OR FOOD allergies of the child:

\_\_\_\_\_

Please list any medical ailments or special needs of the child:

\_\_\_\_\_

\_\_\_\_\_

**VI. RELEASE FOR DISPENSING MEDICATION**

I give permission to the staff of the City of Missouri City ("City") to administer to my child the medications listed below. I understand it is my responsibility to give medication (Including Inhalers & EPI Pens) directly to the program staff in the original prescription containers labeled with the participants name, a date, directions, and the prescribing physicians name. If the medication is non-prescription, it should be given to staff labeled with the participants name and the date it was brought to the program. Non-prescription medications will be administered according to label directions with parent consent. I also understand that any over the counter medicine not specifically designated for administration will not be administered without my consent.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the City staff to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. In consideration of the City administering medication to my minor child, I do hereby fully release and discharge the City, and its personnel from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the City, and its personnel from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

We hereby waive any liability to the City or any of its personnel that might occur as the result of giving said medication in the indicated dosage at the time requested to our child.

NAME OF MEDICATION	DOSAGE	TIME TO BE ADMINISTERED

**VII. PARTICIPANT RELEASE AUTHORIZATION** (The City will not release the participant without proper identification.)

Persons **authorized** to pick-up participant:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Persons **unauthorized** to pick-up participant:

\_\_\_\_\_  
\_\_\_\_\_

Note: If a person who is not listed above comes to pick up the participant, the City will contact the parent/guardian to confirm the arrangement. The City will ask the parent/guardian for the release password before releasing the participant to the individual.

*Please indicate a release password:* \_\_\_\_\_

**VIII. ACKNOWLEDGMENT, RELEASE AND WAIVER OF LIABILITY, AND INDEMNIFICATION**

I, the undersigned parent/guardian having legal custody/guardianship of the participant, give the participant permission to participate in the City of Missouri City's ("City") children's programs and agree to the following:

1. In consideration of being allowed to participant in the City's children's programs, related events, and activities, I **ACKNOWLEDGE AND AGREE THAT FOR MYSELF, THE PARTICIPANT, AND ON THE BEHALF OF OUR AGENTS, HEIRS, EXECUTORS, SUCCESSORS, ASSIGNS, AND ADMINISTRATORS (HEREINAFTER COLLEVTIVELY REFERRED TO AS THE "RELEASORS" OR "INDEMNITORS") HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE THE CITY, ITS EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, AND SUCCESSORS, IN BOTH THEIR INDIVIDUAL AND OFFICIAL CAPACITITES, (HEREINAFTER COLLECTIVELY REFERRED TO AS THE "RELEASEES" OR "INDEMNITEES") OF ANY AND ALL LIABILITIES TO RELEASORS FOR ANY LOSS OR DAMAGE TO PERSON OR PROPERTY INCLUDING, BUT NO LIMITED TO, INJURY OR DEATH WHETHER CAUSED BY THE RELEASEES OR ARISING OUT OF OR IN CONNECTION WITH THE CITY'S CHILDREN'S PROGRAMS. INDEMNITORS AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE INDEMNITEES FROM AND AGAINST ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF EVERY KIND AND CHARACTER, WHETHER KNOWN OR UNKNOWN, ARISING OUT OF OR IN CONNECTION WITH THE CITY'S CHILDREN'S PROGRAMS, INCLUDING BUT NOT LIMITED TO, ACTIONS, CAUSES OF ACTION, CLAIMS, ATTORNEY'S FEES, DAMAGES, SUITS, LIABILITIES, JUDGEMENTS,**

**AWARDS, COSTS, AND OTHER EXPENSES WHICH MAY BE ASSERTED BY INDEMNITORS FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO, INJURY, DEATH, LOSS, PROPERTY DAMAGE, OR THE EFFECTS OR CONSEQUENCES THEREOF, REGARDLESS OF WHETHER CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OR ACTS OR OMISSIONS OF THE INDEMNITEES. THE TERMS OF THE RELEASE, WAIVER AND INDEMNIFICATION SURVIVE THE EXPIRATION OR TERMINATION OF THE CITY'S CHILDREN'S PROGRAMS AND APPLY NOTWITHSTANDING ANY CONTRARY PROVISION.**

2. If the participant is involved in an emergency situation or accident during any children's program, while not assuming the obligation to do so, the City may make an effort to provide assistance to the participant as the City deems necessary. In the event the City determines that medical attention is necessary, I and the participant hereby authorize the City to obtain first aid and medical attention. I and the participant will assume full responsibility for payments of any and all costs and expenses arising directly and indirectly from said emergency and medical treatment, including, but not limited to, reimbursement to City for any costs incurred by the City due to such emergency and expenses to any third party providers.
3. Allow the City to use my or the participant's name, image and likeness, as It may be captured by photograph or video, including any analog or digital format, for any legal purposes, including, but not limited to, the use in news releases, promotional materials, program advertising or any other lawful use.
4. Be available to City's staff at any and all times while the participant is enrolled in the City's children's programs.
5. Participation in the City's children's programs is a privilege and not a right. Both the participant and I have received a copy of the City's Children's Programs parent manual, rules and regulations and we agree to comply with such code of conduct, rules and regulations. Failure to comply with the City's parent manual, rules and regulations may result in the participant's removal from the City's children's programs.
6. The City's children's programs are not a "child care facility" or a "day-care center" as those terms are defined by state law and our programs are not licensed by the state.
7. If any portion of this application is held to be invalid, the remaining provisions of the application shall continue in full force and effect.

I do hereby acknowledge, by signing this application, that I have read and fully understand the terms and conditions of this application and the City's children's programs parent manual, rules and regulations, and that I am voluntarily signing this application.

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**Parent/Guardian Name (Print)**

**Signature**

**Date**

## Parent Acknowledgement

By signing this acknowledgment, I state that I have thoroughly read and understand my duties and responsibilities as outlined in the 2019 Parent's Manual. I agree to abide by all guidelines set forth and hold harmless and indemnify the City of Missouri City and release from all liability.

I understand the City of Missouri City Children's Programs and representatives thereof have the right to void any registration and dismiss said participant from attending any further children's programs and/or other offerings from the Missouri City Parks and Recreation Department due to a failure to adhere to the guidelines set forth in this handbook.

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Participant's Name

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Parent/Guardian's Name

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Parent/Guardian's Signature

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Date