



Haysville Recreation 2021-2022 SOS/Spring Break Registration Form



*Children must be signed-in each morning and signed-out each evening by an authorized person.
Hours of operation are 6:30 AM to 6:00 PM.
Drop-off and pick-up will be at the **HAC @ 523 Sarah Lane** unless otherwise notified.
*Children must be between K-5th Grade.**

Participant Information

Participant's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Participant's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Participant's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Parent/Guardian Information

Parent/Guardian (Mother) _____

Address _____ City/Zip _____

Employer _____

Cell _____ Work _____

Home _____ Email Address _____

Parent/Guardian (Father) _____

Address _____ City/Zip _____

Employer _____

Cell _____ Work _____

Home _____ Email Address _____

Lives With: Both Mother & Father: _____ Mother ONLY: _____ Father ONLY: _____

Split Custody: _____ Other: _____ If Other, Specify Whom: _____

Emergency Information (Other than Parent or Guardian)

Name of person to notify in emergency:

1. _____ Relation: _____ Phone: _____

2. _____ Relation: _____ Phone: _____

Please list ALL other people who are allowed to pick up this child: _____

Doctor: _____ Phone: _____

In case of an emergency, which hospital do you prefer? _____

Allergies/Reaction (include food allergies): _____

Special Accommodations Needed (If Any): _____

Specify which child: _____

Please list anyone your child should NOT have contact with: _____

COMPLETE BACK SIDE - - - ->

Updated Information *Must Be Signed*

I hereby understand that it is my sole responsibility as the parent or guardian to contact the HAC if any of the above stated information changes (Ex: Address, Contact Info, Etc.). Information on this sheet can only be updated or changed by the parent or guardian listed on this form.

Signature of Responsible Party: _____ **Date:** _____

Media Release

I hereby grant the permission to record my child's likeness and/or voice for use by television, films, radio, web or printed media to further the aims of the day camp in related campaign and magazine articles, booklets, posters and in any other way they may see fit.

Signature of Responsible Party: _____ **Date:** _____

Release and Hold Harmless Clause *Must Be Signed*

I, the undersigned, do hereby for myself, the named minor, and all who may hereafter claim through or for me, waive and release Haysville and the above named agency from all claims, rights and causes of action accruing in my favor as a result of personal injury, loss of life, or loss of property against Haysville Recreation Department and their representatives while participating in the activities related to the SOS Day. I understand normal risk associated with the activities described herein, and I agree to allow the above-described person for whom I am responsible to participate in those activities. I further agree with them that no suit or action at law shall be instituted for the above reasons by others or me in my behalf.

Signature of Responsible Party: _____ **Date:** _____

Emergency Clause *Must Be Signed*

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this day camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary.

Signature of Responsible Party: _____ **Date:** _____

Application of Bug Spray/Insect Repellent *Must Be Signed*

I hereby grant the HRD staff permission to apply bug spray or insect repellent to my child when going outdoors during group rotations, field trips or any other time it is deemed necessary.

Signature of Responsible Party: _____ **Date:** _____

Application of Non-Prescription Sunscreen *Must Be Signed*

I hereby grant the HRD staff permission to apply non-prescription sunscreen of SPF 50 or more to any exposed skin of my child when going outdoors for group rotations, swimming, field trips or any other time it is deemed necessary. If my child requires sensitive skin sunscreen then I, the parent, know I am responsible for providing that for my child.

Signature of Responsible Party: _____ **Date:** _____

Late Fee/Cancellation & Transfer Policies *Must Be Signed*

Fees are due at the time of registration and must be paid in full.

Registration fees offset the costs to plan, schedule and book the activities. If you must cancel or transfer your registration, it must be done by 5:00pm the day BEFORE the program for a refund. Cancellations made the DAY OF will NOT be refunded or credited to the latchkey account. No refunds due to expulsion will be given

LATE PICK-UP POLICY: All children must be picked up no later than 6:00pm. Any parent arriving late will be charged \$1.00 for each minute per child he/she is late. CHILDREN WILL NOT BE ALLOWED TO RETURN TO ANOTHER SOS DAY OR SPRING BREAK UNTIL THE FEE IS PAID. If no contact is made with a responsible party after 30 minutes, the Haysville Police Department will be contacted.

Signature of Responsible Party: _____ **Date:** _____



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) <i>HANSVILLE ACTIVITY CENTER</i>			License # <i>48593</i>		
Street Address of the Facility <i>523 SARAH LANE</i>		City <i>HANSVILLE</i>	Zip Code <i>67060</i>	County <i>SEDEWICK</i>	

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

First and Last Name of Child or Youth

Place <i>HANSVILLE Middle School</i>	Street Address <i>900 W GRAND</i>	City <i>HANSVILLE</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>CAMPUS NATATORIUM</i>	Street Address <i>2100 W 55th St. S.</i>	City <i>WICHITA</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>DERBY PLAZA THEATER</i>	Street Address <i>1300 N Nelson</i>	City <i>DERBY</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>WICHITA SPORTS FORUM</i>	Street Address <i>2668 N Greenwch Rd</i>	City <i>WICHITA</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>EXPLORATION PLACE</i>	Street Address <i>300 N. McLean Blvd</i>	City <i>WICHITA</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>RIGGS PARK</i>	Street Address <i>706 SARAH LANE</i>	City <i>HANSVILLE</i>	<input checked="" type="checkbox"/> By Vehicle	<input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>HIGH PARK</i>	Street Address <i>2801 E. JAMES ST</i>	City <i>DERBY</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) <i>HANSVILLE ACTIVITIES CENTER</i>			License # <i>48593</i>	
Street Address of the Facility <i>523 SARAH LANE</i>	City <i>HANSVILLE</i>	Zip Code <i>67060</i>	County <i>SEDBUCK</i>	

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

First and Last Name of Child or Youth

Place <i>Sedwick Co. Zoo</i>	Street Address <i>5555 W Zoo Blvd</i>	City <i>Wichita</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Tanganika Park</i>	Street Address <i>1000 S. Hawkins Lane</i>	City <i>Goddard</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Sedwick Co Park</i>	Street Address <i>6501 W 21st St N</i>	City <i>Wichita</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Urban Ark</i>	Street Address <i>8945 W Irving St.</i>	City <i>Wichita</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>NORTH ROCK Bowling</i>	Street Address <i>3232 N Rock Rd</i>	City <i>Wichita</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>COSMOSPHERE</i>	Street Address <i>1100 N. Plaza St</i>	City <i>Hutchinson</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Applejack Pumpkin Patch</i>	Street Address <i>10007 SW Indiana Rd</i>	City <i>Augusta</i>	<input checked="" type="checkbox"/> By Vehicle	<input type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Po'M Pumpkin Patch</i>	Street Address <i>311 16th Ave</i>	City <i>Moundville</i>	<input checked="" type="checkbox"/> By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Walters Pumpkin Patch</i>	Street Address <i>10001 NW U.S. Hwy 77</i>	City <i>Burns</i>	<input checked="" type="checkbox"/> 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	St 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	

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	

HAYSVILLE RECREATION ELEMENTARY SCHOOL CALENDAR OF EVENTS 2021 - 2022 (Subject to Change)

August	18 - Wednesday 20 - Friday	First Day of School/Latchkey Program (1-6) First Day of School (Kindergarten)
September	<u>6 - Monday</u> 24 - Friday	<u>Labor Day - No Program Offered</u> No School - All Day Program at HAC *
October	15 - Friday 21 - Thursday 22 - Friday	No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC *
November	11 - Wednesday <u>24 - 26</u>	Veterans Day - No School - All Day Program at HAC * <u>Thanksgiving Break - No Program Offered</u>
December	22 - Wednesday <u>23 - Thursday</u> <u>24 - 31</u>	No School - All Day Program at HAC * <u>No School - NO Program Offered</u> <u>Winter Break - NO Program Offered</u>
January	<u>1 - 2</u> 3 - Monday 14 - Friday 17 - Monday	<u>Winter Break</u> No School - All Day Program at HAC * No School - All Day Program at HAC * MLK Day - No School - All Day Program at HAC *
February	17 - Thursday 18 - Friday 21 - Monday	No School - All Day Program at HAC * No School - All Day Program at HAC * Presidents Day - No School - All Day Program at HAC *
March	<u>11 - Friday</u> 14 - 18	<u>No School - NO Program Offered</u> Spring Break Camp at Haysville Activity Center
April	1 - Friday 15 - Friday 18 - Monday	SUMMER ELEMENTS REGISTRATION BEGINS! No School - All Day Program at HAC * No School - All Day Program at HAC *
May	17 - Tuesday 18 - Wednesday 19 - Thursday <u>20 - Friday</u> 23 - Monday <u>30 - Monday</u>	Last Day of School - <u>Early Dismissal - NO PM Latchkey!</u> School's Out - All Day Program at HAC * School's Out - All Day Program at HAC * <u>School's Out - NO PROGRAM</u> Start Date for Summer Elements <u>Memorial Day - No School - No Program Offered</u>

* All Day Program called "SOS Day" at the HAC will run from 6:30 am - 6:00 pm.
On these days an extra fee (\$20/\$25) will be charged on top of the regular Latchkey fees.
 In addition, a separate registration form MUST be filled out at the HAC for these days.
 Please note that there are a maximum number of students that can register for SOS Days.
 These days fill up quickly so be sure to register promptly to claim your spot!