



Haysville Recreation 2026-2027 SOS/Spring Break Camp 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. Cost is \$30 /Day/Child.
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 Repellant *Must Be Signed*

I hereby grant the HRD staff permission to apply bug spray or insect repellant 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:** _____



Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license)			License #	
City of Haysville - Haysville Activity Center SAC			#48593	
Street Address of the Facility	City	Zip Code	County	
523 Sarah Lane	Haysville	67060	Sedgwick	

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

First and Last Name of Child or Youth

Place HMS	Street Address 900 W Grand	City Haysville	By Vehicle	Walk/Bike
			X	X
Signature of Parent or Guardian			Date Signed	

Place Campus Natatorium	Street Address 2100 W 55th St So	City Wichita	By Vehicle	Walk/Bike
			X	
Signature of Parent or Guardian			Date Signed	

Place Derby Plaza Theater	Street Address 1300 N Nelson	City Derby	By Vehicle	Walk/Bike
			X	
Signature of Parent or Guardian			Date Signed	

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

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

Place Exploration Place	Street Address 300 N McClean	City Wichita	By Vehicle	Walk/Bike
			X	
Signature of Parent or Guardian			Date Signed	



Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license) City of Haysville - Haysville Activity Center SAC			License # #48593	
Street Address of the Facility 523 Sarah Lane	City Haysville	Zip Code 67060	County Sedgwick	

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

First and Last Name of Child or Youth

Place Riggs Park	Street Address 706 Sarah Lane	City Haysville	By Vehicle <input type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place High Park	Street Address 2801 E James St	City Derby	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

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

Place Carousel Skate	Street Address 312 N West St	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Cosmosphere	Street Address 1100 N Plum	City Hutchinson	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Fred Cholmia Park	Street Address 525 Sarah Lane	City Haysville	By Vehicle <input type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	



Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license) City of Haysville - Haysville Activity Center SAC			License # #48593	
Street Address of the Facility 523 Sarah Lane	City Haysville	Zip Code 67060	Sedgwick Co	

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

First and Last Name of Child or Youth

Place P & M Pumpkin Patch	Street Address 311 16th Ave	City Moundridge	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Derby Bowl	Street Address 444 S Baltimore Ave	City Derby	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Urban Air	Street Address 8545 W Irving	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Blast Off Bay!	Street Address 435 N Crowne Dr	City Goddard	By Vehicle X	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 2026 - 2027 (Subject to Change)

August	12 - Wednesday	First Day of School/Latchkey Program (PreK-6)
September	4 - Friday <u>7 - Monday</u>	No School – All Day Program at HAC* <u>Labor Day - NO Program Offered</u>
October	9 - Friday 15 - Thursday 16 - Friday	No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC *
November	23 - Monday 24 - Tuesday <u>25 - 27</u>	Thanksgiving Break - All Day Program at HAC * Thanksgiving Break - All Day Program at HAC * <u>Thanksgiving Break - NO Program Offered</u>
December	18 - Friday <u>21 - 31</u>	No School - All Day Program at HAC * <u>Winter/Christmas Break - NO Program Offered</u>
January	<u>1 - Friday</u> 4 - Monday 5 - Tuesday 18 - Monday	<u>New Year's Day - NO Program Offered</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	11 - Thursday 12 - Friday 15 - 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>12 - Friday</u> 15 - 19 26 - Friday	<u>No School - NO Program Offered</u> Spring Break Camp at Haysville Activity Center No School - All Day Program at HAC *
April	1 - THURSDAY 23 - Friday 26 - Monday	SUMMER ELEMENTS REGISTRATION! No School – All Day Program at HAC* No School – All Day Program at HAC *
May	18 - Tuesday <u>19 - 21</u> 24 - MONDAY <u>31 - Monday</u>	Last Day of School - <u>Early Dismissal - NO PM Latchkey!</u> <u>School's Out for the Summer - NO PROGRAM</u> Start Date for Summer Elements (K - 4th Grade) <u>Memorial Day - 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 (\$30) 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!