



Haysville Recreation 2024-2025 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.
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:** _____



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Haysville Activity Center			License # #48593		
Street Address of the Facility 523 Sarah Ln		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 HMS	Street Address 900 w Grand	City Haysville	By Vehicle <input type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Campus Natatorium	Street Address 2100 W 55th ST S	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Derby Plaza Theatre	Street Address 1300 N Nelson	City Derby	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

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

Place Wichita Sports Forum	Street Address 2668 N Greenwich	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Exploration Place	Street Address 300 N McClean	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

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



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_____ 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 Ln	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 N	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

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

Place Urban Air	Street Address 8545 W Irving	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place North Rock Lanes	Street Address 3232 N Rock Rd	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	



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

First and Last Name of Child or Youth

Place Applejack Pumpkin	Street Address 10007 SW Indiannola Rd	City Agusta	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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 Walters Pumpkin Patch	Street Address 10001 NW US Hwy 27	City Burns	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Carousel Skate	Street Address 312 N West St	City Wichita	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	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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

HAYSVILLE RECREATION ELEMENTARY SCHOOL CALENDAR OF EVENTS 2024 - 2025 (Subject to Change)

August	14 - Wednesday	First Day of School/Latchkey Program (PreK-6) Kindergarten Start: A-M (14th) N-Z (15th)
September	<u>2 - Monday</u>	<u>Labor Day - No Program Offered</u>
October	11 - Friday 17 - Thursday 18 - Friday	No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC *
November	1 - Friday 25 - Monday 26 - Tuesday <u>27 - 29</u>	No School - All Day Program at HAC* Thanksgiving Break - All Day Program at HAC * Thanksgiving Break - All Day Program at HAC * <u>Thanksgiving Break - No Program Offered</u>
December	19 - Thursday 20 - Friday <u>23 - 31</u>	No School - All Day Program at HAC * No School - All Day Program at HAC * <u>Winter Break - NO Program Offered</u>
January	<u>1 - New Year Day</u> 2 - Thursday 3 - Friday 6 - Monday 20 - Monday	<u>Winter Break - NO Program Offered</u> No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC * MLK Day - No School - All Day Program at HAC *
February	13 - Thursday 14 - Friday 17 - 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>14 - Friday</u> 17 - 21	<u>No School - NO Program Offered</u> Spring Break Camp at Haysville Activity Center
April	1 - TUESDAY 17 - Thursday 18 - Friday 21 - Monday	SUMMER ELEMENTS REGISTRATION! No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC *
May	20 - Tuesday <u>21 - 23</u> <u>26 - Monday</u> 27 - TUESDAY	Last Day of School - <u>Early Dismissal - NO PM Latchkey!</u> <u>School's Out - NO PROGRAM</u> <u>Memorial Day - No Program Offered</u> Start Date for Summer Elements (K - 4th Grade)

* All Day Program called "SOS Day" at the HAC will run from 6:30 am - 6:00 pm.
On these days an extra fee (\$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!