



# Summer Rec 2023 Grandview



**June 12-14**  
**Academy Park Shelter**  
**9:00 am– 12:00 pm**  
**Youth entering K– 6th grade**

### Participant Information

Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ School: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Allergies or Health Conditions: \_\_\_\_\_  
 Medications & Instructions: \_\_\_\_\_  
 How will participant be arriving and leaving: \_\_\_\_\_

### Parent or Guardian Information

Name: \_\_\_\_\_  
 Relation to Camper: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Secondary Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Secondary Emergency Contact Information

Name: \_\_\_\_\_  
 Relation to Camper: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Secondary Phone: \_\_\_\_\_

- Summer Rec is intended to be a fun and educational program for youth to participate in during the summer months. The program contains stories, crafts, snacks, games and activities.
- Wednesday **will be Water Day**, please send children with extra clothes and a towel.
- Your child might get wet or dirty while at summer rec. Please send them in play clothes and shoes they can run around and have fun in.
- In the case of severe weather, including thunder and lightning, Summer Rec will be cancelled. Please have a parent or guardian pick up the child from Summer Rec as soon as possible.

**Please complete back of form.**  
**Form must arrive with child on the first day of Summer Rec.**

Summer Rec is sponsored by the City of Grandview.



**Louisa County Conservation**  
Medical Information/Release Form

**To Be Read and Signed By Parent or Guardian**

I understand that my child must be healthy and reasonably fit in order to safely participate in Louisa County recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

**Medical Emergency Parental Permission**

The health and history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the Louisa County Conservation staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the Louisa County Conservation staff or volunteer to secure and administer treatment for my child, including hospitalization.

**Publicity/Image/Voice Permission**

The Louisa County Conservation program normally takes photographs, video, and or tape recordings of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your signature below will be considered permission for Louisa County Conservation to photograph, film, audio/video tape, record and/or televise your image and/or voice for the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

**Behavior Guidelines**

Behavior guidelines and consequences are established at each of Louisa County Conservation's camps, clubs, and recreation programs. These guidelines (or rules) are designed to protect our staff as well as the safety of the campers and club members. It is our goal to provide a safe and fun outdoor learning experience for all participants. I understand failure to follow behavior guidelines will include discipline measures which may include dismissal from the camp or club without refund.

**Louisa County Conservation Assumption of Risk and Release of Liability (Please read carefully.)**

I give permission for \_\_\_\_\_ to participant in the Louisa County Conservation Program.  
(Child's name)

I understand that Louisa County Conservation (LCC) project activities/events may involve certain risks of physical activity and possible injury and that Louisa County Conservation will provide each participant with reasonable care, but that LCC cannot guarantee that my child will remain free of injury. In addition, some LCC projects including but not limited to: challenge course, canoeing, kayaking and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in Louisa County Conservation activities and assume the risk of participating. I agree to release from liability, indemnify and hold harmless the Louisa County Conservation Board employees, volunteers and agents from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation. This release, however, is not intended to release the above-mentioned from liability arising out of their sole negligence.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more info about Summer Recreation visit:  
LouisaCountyConservation.org or call (319)523-8381.