



SUMMER DAY CAMP

ST. LOUIS DEPARTMENT OF PARKS, RECREATION & FORESTRY RECREATION DIVISION PROGRAM REGISTRATION

Requested Recreation Center or Park _____

Date _____

Check Requested Camp Date

- Session 1 June 11 - June 15
- Session 2 June 18 - June 22
- Session 3 June 25 - June 29
- Session 4 July 02 - July 06
- Session 5 July 09 - July 13
- Session 6 July 16 - July 20
- Session 7 July 23 - July 27

**RETURN TO YOUR CENTER
OR MAIL TO:**

**Recreation Division
5600 Clayton Avenue
St. Louis, MO 63110**

CAMPER INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Birthdate _____ Age _____ Sex Male Female

Ethnicity (Select one) Hispanic or Latino Not Hispanic or Latino

Race (Select all that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black or African American and White
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native and Black or African American
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native and White	<input type="checkbox"/> Other

EMERGENCY CONTACT INFORMATION

Name _____ Name _____

Relationship _____ Relationship _____

Phone No. _____ Phone No. _____

Liability Release: I hereby release and hold harmless from liability the City of St. Louis, the Department of Parks, Recreation and Forestry and its employees and representatives

Signature _____ Date _____