



# 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 8 - June 12
- Session 2      June 15 - June 19
- Session 3      June 22 - June 26
- Session 4      June 29 - July 2
- Session 5      July 6 - July 10
- Session 6      July 13 - July 17
- Session 7      July 20 - July 24

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

Recreation Division  
5600 Clayton Avenue  
St. Louis, MO 63110

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**CAMPER INFORMATION**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex     Male     Female

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

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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

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**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 \_\_\_\_\_