Redhawks Kids Camp
Summer Recreational Day Camp
for Boys and Girls Ages 5-11
(or going into grades K-6 in the Fall, 2015)

4 SESSIONS THIS SUMMER:
Session #1 - June 1-5  Session #3 - June 15-19  Session #5 - July 6-10  Session #7 - July 20-24
Session #2 - June 8-12  Session #4 - June 22-26  Session #6 - July 13-17  Session #8 - July 27-31

WHO:
Redhawks Kids Camp (RKC) is designed for all children age 5-11 or those entering grades K-6 in the fall 2015. We try to keep to a low 1:7 camper to counselor ratio.

SAFETY MEASURES:
- All RKC employees will pass a criminal history background check before they interact with the children.
- All RKC staff will be certified in adult and child CPR, AED (Automatic External Defibrillator) First Aid, and basic First Aid kits will be with each age group as they are active throughout the day.
- An RKC staff member will be accessible via telephone the entire camp day. (573)-651-2147 is the RKC headquarters phone number.
- As we walk to points on and close to campus, RKC will be led by student counselors and walk in groups at all times.
- Parents/Guardians will have the opportunity to permit their child to leave on his/her own at the end of camp or have the child stay at camp until they are signed out by a selected parent or guardian. All parents and guardians selecting Plan II (must be signed out) MUST show a photo ID card to take their child away from camp at the end of each day. There will be no exceptions to this rule.
- Once registered, all parents/guardians will receive a copy of the “RKC Parent Guide” which contains more detailed camp information.

WHAT:
Redhawks Kids Camp is designed for kids to have active and fun days. FUN is the mainstay of the RKC, which is led by our group of Southeast Missouri State University students as counselors. RKC kids will be active in crafts, board games, educational activities, experiential learning activities, community service projects, sports, and much more during the day. We may be swimming during camp at the Southeast Missouri State University Student Aquatic Center, so a swimsuit and towel will be needed. We will inform parents if there will be swimming during their child’s session.

WHERE:
The RKC “Headquarters” will be at the Student Recreation Center - North (750 New Madrid). When weather permits, we will try to be outside as much as possible. The SRC-North has a climbing wall and other activities that RKC’ers will utilize along with the Student Aquatic Center. RKC’ers will also be walking to various locations on campus for presentations, tours, and other educational features.

REGISTRATION INFORMATION:
Registration is on a first-come, first serve basis. Some sessions may fill quickly, so the earlier you register, the better chance you have to reserve a spot in RKC. A $20 deposit per session is required to the overall cost of the session. Payment is due by the Wednesday of the camp session (week). If payment is not made by the end of the camp day on each Wednesday, a Late Fee of $15 will be assessed (the due date for Session #1 is Wednesday, June 3, 2015.) All RKC fees are non-transferable/non-refundable.
- Camp fees may be paid with cash, check (make all checks payable to Southeast Missouri State University), Visa, MasterCard, or Discover. Southeast Missouri State University staff can pay via University charge.

WHAT TO BRING? WHAT NOT TO BRING?
RKC’ers will need to bring the following items on a daily basis to each camp day:
- A sack lunch with a preferred drink (we will have the ability to keep lunch items cool but NOT the ability to heat lunch items up).
- A paper lunch bag is a must (please write name and grade(Fall 2015) on the front of the lunch bag). Water will be provided to campers throughout the day.
- A backpack will be required to be used during the entire summer. A water bottle from home will also be required each day.
- A swimsuit and towel is required for days we swim. We will also ask that you bring a grocery-store plastic bag each day in which to place wet items. We will swim regularly, so goggles & flip-flops for the pool deck may be brought as well.
- RKC’ers will also want to bring sunscreen (the higher the level, the better) and a hat. Remember, we will be outside a lot during the day! The RKC staff will have bug repellent on hand in case we need it.
- We will have a snack time in the morning and afternoon. Please send non-refrigerated snacks with your child.
- We ask that campers do NOT bring money or items of value. Cards, iPods, personal music devices, cell phones, hand held games, and the like are not permitted at RKC. RKC is not responsible for lost or stolen personal items.
- Campers will NOT be permitted to use the vending machines.
- Campers should wear comfortable play clothes to camp each day. Campers may get these items dirty throughout the day. No sandals are permitted outside of the pool area! Campers must wear tennis shoes/sneakers to camp each day (remember we will walk a lot!)

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- Once registered, all parents/guardians will receive a copy of the “RKC Parent Guide” which contains more detailed camp information.
CHECK ALL SESSIONS AND OPTIONS THAT APPLY (Must be returned with deposits see below for discounts)

### Session 1 (June 1 - 5)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### Session 2 (June 8-12)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### Session 3 (June 15 - 19)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### Session 4 (June 22 - 26)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### Session 5 (July 6-10)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### Session 6 (July 13-17)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### Session 7 (July 20 - 24)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### Session 8 (July 27 - 31)
- [ ] Full Day RKC | $95/session (8 a.m. - 4 p.m.)
- [ ] 3-Day Option | $65/session (8 a.m. - 4 p.m.) *circle 3 days
  - M T W R F
- [ ] Half Day-Morning | $60/session (8 a.m. - Noon)
- [ ] Half Day-Afternoon | $60/session (Noon - 4 p.m.)

### RKC Discounts
- [ ] Sibling Rate Discount
  (A sibling is a brother or sister in the same family)
  - [ ] Full Day | $10 off/session
  - [ ] Half Day/3 Day | $5 off/session
- [ ] University Affiliate Discount
  (A University Affiliate is a current student or member of the SRC/SAQ at SEMO)
  - [ ] Full Day | $10 off/session
  - [ ] Half Day | $5 off/session

### RKC Fees
- Deposit Fee | $20/session
  (This is paid at the time of registration and is included in the overall cost of RKC)
- Late Fee | $15/session
  (Late fee assessed if not paid by Wednesday of camp week)
RKC Registration Form 2015  
(Must be returned with fees)

Child’s Name: ____________________________  
Last  First  Middle

Age: _______  Date of Birth: _______/_____/______  Gender: _____ M _____ F

Grade (as of Fall, 2015): ________________

Current School: ____________________________

School District: ____________________________

Child’s Home Address: ____________________________  
Street  City  State  Zip

Has this child attended RKC before? _____ Yes _____ No

If yes, how many years has he/she attended? _______

Parent/Guardian Campus Address (If applicable): ____________________________

Parent/Guardian Campus Department (If applicable): ____________________________

Parental/Guardian Status:  
Faculty/Staff: _____  Alumni: _____  
Community: _____  Other: _____

PARENT/ GUARDIAN #1:

Name: ____________________________

Day Phone: __________  Evening Phone: __________  Cell: __________

Email: ____________________________

PARENT/ GUARDIAN #2

Name: ____________________________

Day Phone: __________  Evening Phone: __________  Cell: __________

Email: ____________________________

EMERGENCY CONTACT: (someone other than Parent/Guardian)

Name: ____________________________  Email: ____________________________

Day Phone: __________  Evening Phone: __________  Cell: __________

CAMPER RELEASE PLAN:

Plan #1: My child is permitted to leave RKC on his/her own at the end of their camp day.

Plan #2: My child should be kept at the RKC in the designated pick-up area until he/she is picked up and SIGNED - OUT by one of the parents/guardians listed above or one of the following (photo ID must be shown at each pick-up; a copy of a photo ID may be provided to be kept on file):

1) ____________________________  2) ____________________________

3) ____________________________  4) ____________________________

OFFICE STAFF USE ONLY:

Date of Purchase:  
Amount Paid:  
Form of Payment: ____________________________

Receipt #:  
Processed by: ____________________________

Office Notes:

______________________________________________________________________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________________________________________________________________

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______________________________________________________________________________________________________________________________________________________________________________________________________________________
LIABILITY RELEASE/ MEDICAL INFORMATION
CONSENT FOR TREATMENT OF A MINOR
(Parents/Guardian Must return with fees)

In an effort to enable health facilities in Cape Girardeau to seek and attempt to provide prompt care to your RKC camper, we require you to read and complete this consent form.

PLEASE PRINT:

I, ____________________________, declare that I am the father/mother/guardian of ____________________________

(full name of parent/guardian) (campers name)

a minor, age__________, born__________ (day/date) 19/20________

(day/date) (year)

Please provide the following information concerning said minor:

Known allergic reactions:

Present medications:

Date of last Tetanus (if known):

Please provide information regarding coverage you have for your child. We need this information in the event of an accident, illness, or injury that may require medical attention. You will be immediately notified, if possible, if such a need occurs.

COMPLETE THE INFORMATION REQUESTED FOR MEDICAL INSURANCE LISTED BELOW. PLEASE PRINT.

Company name: ____________________________ Type of coverage: ____________________________

Policy number: ____________________________ Expiration date: ____________________________

Does your child have any special needs? ____________________________

LIABILITY and PHOTO RELEASE

I grant permission for the Redhawks Kids Camp to act on my behalf for said minor in granting permission for evaluation and treatment of medical or psychological problems. I understand that should a minor medical or psychological problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary including but not limited to surgery, x-ray examinations and anesthesia (to be administered to said minor by a licensed physician or other licensed health care provider). I release Southeast Missouri State University, and will hold it harmless, from any damages, liability or loss from compliance or attempted compliance in good faith with this consent. I further agree to be responsible for all costs associated with any treatment provided in compliance or attempted compliance in good faith with this consent. I understand that photographs of children may be taken/used for promotional purposes for RKC.

Date: ________________ Parent/Guardian Signature: ____________________________

Child’s Special Needs or Restrictions: ____________________________

______________________________

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Staff Notes: ____________________________

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