

2026 Urban Xplorer Summer Camp

Application June 8–June 12



Becoming an urban xplorer is as simple as taking a step outdoors. In our summer camp you will xplor the wonders of Missouri’s cultural and natural resources, learn outdoor skills and utilize nature within art. Activities will include outdoor cooking, fire starting, canoeing, fishing, nature art, historic games and more. Partial funding for this program comes from the Missouri Parks Association’s “Urban Populations Outreach Program.”

Field trips: Parma Woods • Blue River • Watkins Mill State Park

This camp is for children who are 9-12 years old during camp.

Applications will be accepted April 1-30. Applicants will be notified via e-mail of acceptance or denial by May 11.

Should we receive more applications than the number of available spaces, campers will be selected by random lottery.

The camp is open to Missouri residents. Children living in the following zip codes will receive priority in the enrollment process and lottery: 64109, 64110, 64114, 64128, 64130, 64131 and 64132.

Dates: Monday, June 8 through Friday, June 12

Time: Regular drop off begins at 8:00 a.m. and pick-up begins at 4:30 p.m. with free before and after care from 7:30–8:00 a.m. and 5:00–5:30 p.m.

Each day, campers are expected to arrive at the Discovery Center on time and must be checked in by 8:30 a.m.

Parents/Guardians must be prompt in picking up children no later than 5:30 p.m. Contact numbers are very important in cases of emergency or behavioral issues. We must be able to reach an adult who would be able to come immediately if needed. Make sure your child has a non-perishable lunch and water bottle each day for camp. Children will be outside and should dress appropriately for weather and outdoor activities. If you have any questions or need more information, please contact:

Kathy Kottemann (816) 759-7305 ext. 1126 or Kathy.Kottemann@mdc.mo.gov

Please complete the application and release form and mail or bring it to the address below.

Email copies are sufficient ONLY if an electronic signature is included.



Kathy Kottemann
Anita B. Gorman Conservation Discovery Center
4750 Troost
Kansas City, MO 64110



Please keep this page for your records. Thank You!

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Please Print

Camper's Name (First and Last):			
New Camper <input type="checkbox"/>	Repeat Camper <input type="checkbox"/>	Gender	Is a sibling applying? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide their name:
We will participate in the:		Birth Date <small>(Ages 9-12 only)</small>	Grade entering 2026-2027:
Before Care <input type="checkbox"/> After Care <input type="checkbox"/> Neither <input type="checkbox"/>			

Address:
City, Zip code:
Phone number:

*To help your child, please advise us of any physical, emotional or learning limitations.

Primary Guardian Info

Name (First and Last)	Relationship to Camper	Daytime Phone#	Alternate daytime phone#
Email Address:			

Secondary Guardian Info

Name (First and Last)	Relationship to Camper	Daytime Phone#	Alternate daytime phone#

Please list the Primary drop off/pick-up person for your child

Name (First and Last)	Relationship to Camper	Daytime Phone#	Alternate daytime phone#

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MEDICAL RELEASE FORM AND HEALTH INFORMATION

Most doctors require a signed release form prior to treatment. So, in the event of illness or accident we need a signed release form in order to authorize the performance of such treatment and or diagnosis. Please read and sign the medical release below.

The Missouri Department of Conservation will first try to notify all the responsible adults listed below before seeking any treatment deemed necessary.

If, in the opinion of the Discovery Center staff _____ appears to

FIRST AND LAST NAME OF CAMPER

require medical attention, treatment and/or diagnosis during their participation in camp; I hereby

authorize performance of such treatment and agree to bear the full cost of those procedures.

PARENT/GUARDIAN SIGNATURE:

DAYTIME PHONE NUMBER:

INSURANCE CARRIER:

POLICY/GROUP NUMBER(S):

Special medical information of which the staff or physicians should be aware of:

(Asthma, environmental allergies, prescribed medication (side effects), bee stings, etc.)

Please state any food allergies or intolerances that your child has. Include the severity (airborne, ingestion only).

Please also include their reaction to the allergen.

Photo Release Authorization

I _____ authorize the Missouri Department of Conservation to take pictures and make sound recordings of the applicant and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements.

DATE: _____ SIGNED: _____