

Clermont County Park District Homeschool Registration Form

Child's Name _____ Age _____

Address _____ Phone # _____

_____ Grade Level _____

Parent/Guardian Name _____ Cell Phone # _____

Email _____

Program Name: _____ Date of Program: _____

Total Amount enclosed: _____

Please make checks payable to: **Clermont County Park District**
return form along with payment to: **Clermont County Park District, 2228 US Highway 50 Batavia, OH
45103**



Emergency Contact Information

1. Name _____ Relationship to child _____

Phone # _____

2. Name _____ Relationship to child _____

Phone # _____

3. Name _____ Relationship to child _____

Phone # _____

Does your child have any existing medical conditions or allergies that Park District staff should be notified about? If yes, please explain briefly.

2228 US Highway 50 Batavia, OH 45103 513.732.2977



Clermont County Park District Home School Medical Information

Child's name _____ Date of Birth _____

Address _____

City/State/Zip _____ Home Phone # _____

Parent/Guardian Name _____ relationship to child _____

Address (if different from child) _____

work phone # _____ cell phone # _____

Parent Guardian Name _____ relationship to child _____

Address (if different from child) _____

work phone # _____ cell phone # _____

Medical Insurance _____ Policy Holder _____

Policy # _____

Name of Primary Care Physician _____ Phone _____

Name of Child's Dentist _____ Phone _____

Emergency Contact (Other than guardian(s))

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

List any existing health conditions or allergies that the Park District staff should be notified about.

Home School Participation Form

I, _____, give my child, _____, permission to attend the Home School Program offered by the Clermont County Park District at _____ Park on the date of _____.

I understand that neither the Clermont County Park District, its staff, nor its volunteers assume responsibility for accident or injury to participants during day camp.

I recognize there are certain risks in participating in some of the day camp activities. I agree to assume the full risk of any injuries, damages, or loss which my child may sustain as a result of their participating in any and all of the activities connected with or associated with the summer day camp program. I agree to waive and relinquish all claims I may have, as a result of my child's participation, against the Clermont County Park District and their agents, employees, and volunteers.

I give my permission for the adult in charge to give my child simple first aid if necessary. In the case of an emergency, I give my permission for my child to be taken to the nearest doctor or hospital.

Signature of Parent or Guardian

Date

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