

Clermont County Park District 2018 Summer Camp Registration Form

Child's Name _____

Date of Birth _____ Age: _____

Address _____ Phone # _____

_____ Grade Level completed _____

Parent/Guardian Name _____ Cell Phone # _____

E-mail address _____ T-shirt size _____

Pre-K Camp Fee: \$50 School-age Camp Fee: \$60 Please check the camp or camps you wish to register for:

Pre-K Summer Camp & Storytime Session I, (Ages 3 ½ - 5) * Must be potty trained* Sycamore Park

June 11th – June 15th _____

Junior Naturalists (Ages 8 -10) Sycamore Park June 25th – June 29th _____

Outdoor Survival Camp (Ages 10 – 13) Chilo Lock #34 Park

July 9th – July 13th (see website/brochure for details) _____

Nature Sleuths (Ages 6 – 7) Sycamore Park July 30th – August 3rd _____

Pre-K Summer Camp & Storytime Session II, (Ages 3 ½ - 5) * Must be potty trained* Sycamore Park

August 6th – August 10th _____

Total Amount enclosed: _____

Please make checks payable to: **Clermont County Park District**

Return completed forms along with payment to:

Clermont County Park District

ATTN: Summer Camps

PO Box 106 Chilo, Ohio 45112

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.



2018 Clermont County Park District

Summer Day camp Drop off/ Pickup information

At the beginning and end of each day of camp, the parent or guardian will be responsible for signing your child in or out. In order to ensure the safety of your child, please list who will be responsible for picking up your child at the end of each day.

Child's Name _____ Phone # _____

Location of Camp Chilo Lock #34 Park / Sycamore Park (circle one)

Who will be bringing your child to camp?

_____ relationship to child _____

_____ relationship to child _____

_____ relationship to child _____

Who will be picking your child up from camp?

_____ relationship to child _____

_____ relationship to child _____

_____ relationship to child _____

The person responsible for picking up your child from camp each day must show a valid photo i.d., and must be listed above prior to the week of camp.





**Clermont County Park District
Summer Camp Medical Information Form**

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.

2018 Summer Camp Participation Form

I, _____, give my child, _____, permission to attend the summer day camp offered by the Clermont County Park District at _____ Park on the days 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.

I will pick my child up on time at the completion of each day of camp. In the event I am more than 15 minutes late in picking my child up from camp, I will be assessed a \$10.00 late pick up fee.

Signature of Parent or Guardian

Date

