



Summer Camp Registration

Child's Name _____

Age: _____

Parent/Guardian Name _____

Cell Phone _____

E-mail address _____

Select the camp(s) for which you are registering.

Tales and Trails at Sycamore Park (Ages 3½ - 5)*, \$50

Session 1: June 3 – 7 _____

Session 2: August 12 – 16 _____

*Child must be potty trained.

Junior Naturalists at Sycamore Park (Ages 8 - 10), \$60

June 24 - 28 _____

Nature Sleuths at Sycamore Park (Ages 6 – 7), \$60

July 8 - 12 _____

Outdoor Survival at Chilo Lock 34 Park (Ages 10 – 13), \$60

July 29 – August 2 _____

Please make checks payable to Clermont County Park District or call 513-732-2977 to pay via credit card (nominal fee applies). Payment is due one week prior to camp start date.

Return completed forms and payments:

Clermont County Park District

ATTN: Summer Camps

2228 US HWY 50, Batavia, OH 45103

For billing/payment questions, please call the Park District office at 513-732-2977 or email parkdistrict@clermontcountyohio.gov.

For program and reservation questions, please call 513-240-2615 or email adrooks@clermontcountyohio.gov.

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 know about.





Summer Camp Participation Form

I, _____, give my child, _____, permission to attend the summer day camp offered by the Clermont County Park District at _____ 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 from 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/Guardian

Date