

# Clermont County Park District 2016 Summer Camp Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Grade Level completed \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ 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 1, (Ages 3 ½ - 5) \* Must be potty trained Sycamore Park**

June 13<sup>th</sup> – June 17<sup>th</sup> \_\_\_\_\_

**River Camp 1 (Ages 6 -7) Chilo Lock #34 Park June 27<sup>th</sup> – July 1st \_\_\_\_\_**

**River Camp 2 (Ages 8 – 10) Chilo Lock #34 Park June 27<sup>th</sup> – July 1st \_\_\_\_\_**

**Outdoor Survival Week (Ages 10 – 13) Chilo Lock #34 Park July 18<sup>th</sup> – 22<sup>nd</sup> (see website or brochure for details) \_\_\_\_\_**

**Pre-K Summer Camp & Storytime Session 2, (Ages 3 ½ - 5) \* Must be potty trained. Chilo Lock #34**

August 8<sup>th</sup> – August 12<sup>th</sup> \_\_\_\_\_

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.

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## 2016 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.

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## 2016 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

Clermont County Park District 2228 US Highway 50 Batavia, OH 45103 513.732.2977

