



Green Parks & Recreation Summer Day Camp Registration Form

Please check which camps you would like to attend:

- Camp WILD Monday, June 13 - Friday, June 17 \$50R/\$60NR 9:00a.m.-2:00p.m.
- Science & Construction Camp Monday, June 20 - Friday, June 24 \$50R/\$60NR 9:00a.m.-2:00p.m.
- Camp Adventure Monday, June 27 - Friday, July 1 \$50R/\$60NR 9:00a.m.-2:00p.m.
- Art & Music Camp Tuesday, July 5 - Friday, July 8 \$50R/\$60NR 9:00a.m.-2:00p.m.
- Martial Arts & Wild Water Camp Monday, July 11 - Friday, July 15 \$50R/\$60NR 9:00a.m.-2:00p.m.

No Camp on Monday July 4th in observance of the holiday.

Child Information

First Name: _____

Last Name: _____

Date of Birth: _____ Gender (circle one): Male Female

Name of Parent(s)/Guardian(s) with whom child currently resides: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-Mail: _____

First Name: _____ Last Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-Mail: _____

The child will only be released to the person signing this form or the following persons:

Emergency Contact

First Name: _____ Last Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Authorized Pick-up

First Name: _____ Last Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell: _____

First Name: _____ Last Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-Mail: _____



Physician Information

Name Of Family Physician: _____

Phone: _____ Office Address: _____

Name of Dentist/Orthodontist: _____

Phone: _____ Office Address: _____

Name and address of preferred hospital or medical clinic: _____

Name and address of preferred dental clinic: _____

Insurance Information

Is your child covered by medical/hospital insurance? (circle one): YES NO

Insurance Provider Name: _____

Policy Number _____ Group/ID: _____

Name of Insured: _____ Relationship to Child: _____

Communication Information

Does your child communicate verbally? (circle one): YES NO LIMITED

If you answered NO or LIMITED, please describe how your child prefers to communicate and list any special communication instructions for staff members. Please feel free to attach a separate sheet of paper.

Allergy Information

If your child is allergic to any medicines, foods or other substances, please list them below. Additionally, please list your child's reaction to such allergens, and the names and dosages of any medications your child's doctor has recommended or prescribed to treat your child's allergies or reactions to the same.

Allergen Reaction Medication/Instructions: _____

Circle any of the following conditions that your child has experienced in the past or is currently experiencing.

Frequent Headaches	Wears Glasses/Contacts	Diabetes	Bronchitis
ADD/ADHD	Recent Infectious Disease	Chicken Pox	Hypertension
Skin Condition	Eating Disorder	Physical Disability	Sinusitis
Psychiatric Counseling	Hospitalization	Chronic/Recurring Illness	Bone Fractures
Emotional Disability	Constipation/Diarrhea	Serious Injuries	Urinary Tract Infections
Heart Defect/Heart Disease	Autism Spectrum	Fainting/Dizziness	Asthma
Bleeding/Clotting Disorder	Frequent Ear Infection	Emotional Disability	Deaf/Hard of Hearing
Frequent Cold/Sore Throat	Tuberculosis Mononucleosis	Measles/German	Measles
Hepatitis	Joint Problems	Mumps	Operations
Communication Disorder	Stomach Aches	Seizures, Epilepsy, Convulsions	

Other (please explain): _____



Mental, Emotional, and Social Health Information

If your child is experiencing any of the following conditions or circumstances, please provide us with any special instructions or care that you would like camp or program staff to follow in light of your child's needs. Feel free to use a separate sheet of paper.

Attention Deficit Disorder (ADD) or ADHD: _____

Psychiatric diagnosis, i.e. depression, OCD, panic/anxiety disorder: _____

Emotional health concerns: _____

Mental health concerns: _____

A significant life event that continues to affect the child's life, i.e. a death in the family, new sibling, family change, adoption or foster care arrangement, survival of a disaster: _____

Additional Health Information

Please note campers are responsible for applying their own sunscreen and bug repellent.

Please include any additional information that you feel is important for camp or program staff to know about your child's physical, emotional, or mental health; your child's diet; or your child's physical capabilities or restrictions. Please feel free to attach additional pages, if necessary.

No Further Information.



Permission Waiver

Parent Authorization:

I have indicated all mental, emotional, social and special health conditions, including any medications required to be administered to my child, and any activity limitations, which should be communicated to camp, program, or medical personnel. The medical history is correct and complete to the best of my knowledge, and the child herein described, has my permission to engage in all activities, unless otherwise noted by me. In the event I cannot be reached, I give permission to the physician or hospital selected by a medical representative of Summer Day Camp Program to hospitalize, secure proper treatment for, order medications, injections, anesthesia, and/or surgery for my child.

Medical Waiver:

To the best of my knowledge, my child is in good health and can participate in the activities of the Summer Day Camp Programs.

Indemnification by guardian or applicant:

The undersigned parent/guardian of the above named child agrees not to hold liable the City of Green, Green Local Schools, its employees, or agents against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while attending or participating in the Summer Day Camp Programs.

Dismissal:

Summer Day Camp Program Staff reserves the right to dismiss any participant whose behavior is disruptive. Disruptive behavior can be described as conduct that prevents the execution of any activity or instruction, or endangers program participants and/or staff.

On occasion, Parks & Recreation staff may take photographs or videos of participants in our programs, classes and events, people in parks, or on park properties. Please be aware that these photos and videos are for Parks & Recreation Division use only and may be used in future activity guides, brochures, news articles, flyers, or other promotional projects.

By signing below you acknowledge that you are the legal guardian of the child specified and that you have legal authority to make the decisions and provide the authorizations required in this and all other necessary camp or program forms on behalf of the child.

Parent/Guardian Signature: _____ Date: _____

