



SUMMER CAMP REGISTRATION 2017

CHILD'S INFORMATION

First & Last Name	Birthdate		Age
Address	City	State	Zip

PARENT / GUARDIAN #1

First & Last Name	Relationship to child		
Address	City	State	Zip
Employer	Home Phone	Cell Phone	Work Phone
E-Mail Address			

PARENT / GUARDIAN #2

First & Last Name	Relationship to child		
Address	City	State	Zip
Employer	Home Phone	Cell Phone	Work Phone
E-Mail Address			

CAMP PAYMENT AGREEMENT, RELEASE, MEDICAL RELEASE / PERMISSION, PHOTO RELEASE, ACKNOWLEDGEMENT & ACCEPTANCE OF RISKS INDEMNIFICATION AGREEMENT

NOTE: By initialing the information below, you acknowledge that you have read and agree to each item.

INITIAL _____ **CAMP PAYMENT AGREEMENT:** Camp fee is due on Monday of each week of camp. If the fee is not paid then, the balance must be paid in full prior to the Monday of the following week of camp. If the balance is not paid in full by the Monday of the following week of camp, your child's spot will be forfeited until the balance has been paid in full. I have read the Camp Payment Agreement and I understand these policies.

INITIAL _____ **AUTHORIZATION OF TREATMENT:** I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

INITIAL _____ **RELEASE STATEMENT:** I acknowledge that there are natural hazards associated with related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Lawrenceburg Parks and Recreation accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the City of Lawrenceburg, Rotary Park, Rotary Park Swimming Pool, its units, agents, and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

INITIAL _____ **PHOTO RELEASE:** I hereby give my permission for my child's picture to be used by Lawrenceburg Parks and Recreation for publications or video programs.

INITIAL _____ **WATER ACTIVITIES:** I understand that the camps at Lawrenceburg Parks & Recreation include activities in or near water. I give my permission for my child to participate in all water activities included in the camps.

INITIAL _____ **TRAVEL:** I give my permission for my child to travel by school bus with a licensed school bus driver throughout Rotary Park and to field trip destinations which correlate to the camp. I understand that I will be informed of the field trips schedule for the week of camp on the first day of camp.

PICK-UP INFORMATION

RELEASE OF MINORS:

All children are released at the end of camp each day to their parent/guardian or one of the individuals listed on their form. **NO EXCEPTIONS!** The camp will release the child to either parent/guardian listed on the application unless directed to do otherwise.

REMINDER: PHOTO IDENTIFICATION MUST BE PROVIDED AT TIME OF PICK-UP.

In addition to names already listed on this application, my child may be released to the following individual(s):

Name: _____	Phone #: _____	Relation to Child: _____
Name: _____	Phone #: _____	Relation to Child: _____
Name: _____	Phone #: _____	Relation to Child: _____
Name: _____	Phone #: _____	Relation to Child: _____

PARENT / GUARDIAN #1 SIGNATURE

Signature	Date	PARENT / GUARDIAN #2 SIGNATURE	Date
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