

# Columbus Recreation and Parks Department Camper Information and Waiver Form

**IMPORTANT:** Bring this completed waiver form with you the first day of participation in the program.

## I. PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Circle One: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## II. EMERGENCY CONTACT INFORMATION

If parents or guardians are unable to be reached, contact:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

## III. MEDICAL INFORMATION

### Physician and/or Medical Clinic

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Dentist and/or Dental Clinic

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**To assist in ensuring proper staffing and safety, please identify and circle any medical or disabling conditions that apply.**

Activity Restrictions	Allergies	Asthma	Attention Deficit Disorder
Autism	Hearing Impaired	Learning Disabilities	Seizures
Visually Impaired	Other: _____		

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**Medication Policy:** Columbus Recreation and Parks Department staff shall not administer medication to participants of their programs. All medication taken by participants shall be self-administered and no participant on medication shall be registered in the program unless that individual is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may 1) Remind a participant to take medication and 2) Assist participant by taking the medication from the locked storage area and handing it to the participant.

**Please identify type, dosage and frequency for all medication that the participant is currently taking.**

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

## IV. PARTICIPANT AUTHORIZED ESCORT LIST

Besides those listed in sections I and II above, please list the first and last names of all escorts who are authorized to pick up your child. **All** escorts will be required to show identification. At no time will a child be permitted to leave with someone who is not on the escort list. Please provide copies of documentation regarding custody issues.

Name	Phone Number	Relationship to Participant
1. _____		
2. _____		
3. _____		
4. _____		

Camper Name \_\_\_\_\_

V. I have received the Parent Handbook which contains information on Program Rules, Drop Off and Pick Up Policies and Penalty Fees. I have read and understand these Rules and Policies. Initials \_\_\_\_\_

VI. PUBLIC RELATIONS - Please initial one of the following:

I authorize the City of Columbus to use my child's photograph/video for public relations purposes. \_\_\_\_\_

-or-

I do not authorize the City of Columbus to use my child's photograph/video for public relations purposes. \_\_\_\_\_

VII. WAIVER

*By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.*

*I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless City of Columbus employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.*

VIII. PARTICIPANT/PARENT/GUARDIAN RELEASE

Initials \_\_\_\_\_

I authorize my child to participate in all activities offered during the program. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury I will not hold the City of Columbus or its employees, agents and representatives, volunteers, program participants or their families responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

By signing below, I hereby acknowledge and agree to the policies and procedures set forth above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_