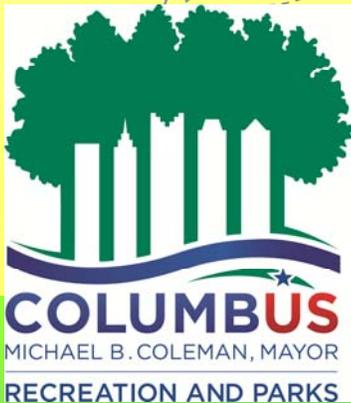




2013

*Summer
of Fun and
Adventure
Inclusive
Summer
Day Camp*

**Registration
Begins
March 16, 2013**



For more info contact:

Mary Beth Moore, CTRS

614-645-5648

mbmoore@columbus.gov

www.columbusrecparks.com

This Institution is an Equal Opportunity Provider.

Camp Locations for 2013

Dodge Community Center



667 Sullivant Avenue
Columbus, OH 43215
This facility is located just
Southwest of Downtown.

Franklin Park Adventure Center



1747 East Broad Street
Columbus, OH 43203
This facility is located just east
of Downtown.

SUMMER OF FUN AND ADVENTURE

Multi-Sports Camp
June 10-12

Day Camp
2013
June 17-Aug. 2



Therapeutic
Recreation
Inclusive
Summer
Day Camp



Summer of Fun and Adventure Day Camp General Info

Registration Begins March 16th, 2013 **online** or **in person** at any **CRPD Community Center**. Mail in registration will also be accepted at this time.

Three Day Multi Sports Camp will be held at the Franklin Park Adventure Center June 10-12, 2013. **Summer Day Camp Sessions 1-7 June 17– Aug. 2** will run five days, Monday through Friday. Hours of operation will be **8:30-3:00** with **extended care available** with early drop off at **7:15 AM** and late pick up by **5:15 PM**, Monday through Thursday. Friday we will have special hours **8:30 –2:00** with early drop off at **7:15 AM**. There will be an additional fee for extended care. **There are no late pick ups on Fridays!** **Session 3 will run Monday-Wednesday at both locations due to the holiday.**

No camp on July 4th or 5th.

Parent Camp Orientation-Thursday, May 9th at 6:30 PM. Please plan on attending. This is a great time to meet the Camp Directors and fill out paperwork before camp starts.

Campers must be 6 years or older at the start of camp.

Transportation is **not** available to and from camp. Transportation from both centers is provided for trips taken during the camp day while at camp.

Medications are self administered unless staff has written permission from a parent/guardian to assist.

P.L.A.Y. scholarships are available to the campers who qualify for one session only. Please call for application, or stop by any Recreation Center.

Ohio Summer Food Service Program for Children will be providing breakfast and lunch for the campers. Please indicate your child's school on the registration form.

Camp Fees—All Fees must be paid on or before the first day of camp!!

\$50.00 **Multi-Sport Camp** June 10-12

\$80.00 per week-Sessions 1,2,4,5,6,7

\$50.00 per week-Session 3 (Three days only due to holiday)

\$10.00 per week additional for .

\$20.00 per week additional **Extended Care** (early drop off between **7:15 AM-8:15 A** late pick up between **3:15-5:15 PM**.)

Sports Camp Returns



Columbus

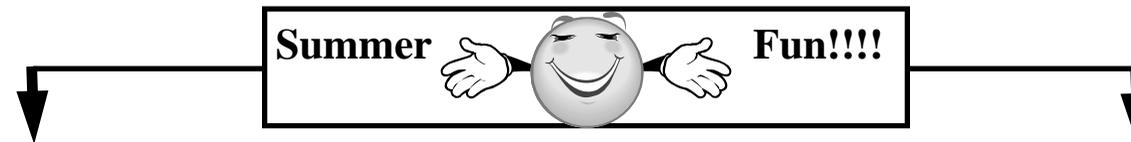
3 Day Multi Sports Camp

Held at the Franklin Park Adventure Center. This camp will feature a variety of sporting opportunities for your child from beginner to advanced skill development. We conclude our three days with a Community Partner Sports Day.

Limited space available for this session.



Session Dates	Dodge	Franklin Park
Session SC June 10, 11, 12	No Camp at Dodge this session	“Multi Sports Camp” Franklin Park Only
Session 1 June 17-21	Going Green	Artful of Fun
Session 2 June 24-June 28	Artful of Fun	Going Green
Session 3 July 1– July 3	Stars and Stripes	Starts and Stripes
Session 4 July 8-12	Games Galore	Games Galore
Session 5 July 15-19	Building Community	Camp’n Challenge
Session 6 July 22-26	Camp’n Challenge	Building Community
Session 7 July 29-August 2	Rising Star Talent Week	Rising Star Talent Week
August 5-6 (9:00-12:00)	Adaptive Swim Team Camp	No Camp at Franklin Park



Games Galore.... Having a ball this week with sports of all sorts and games from around the world.

Stars and Stripes... Show your patriotism this week as we celebrate our Red, White, and Blue.

Building Community... Volunteering helps others, but it can also help you too. Join us as we volunteer...it’s the right thing to do!!

Artful of Fun...Join Ms. Margaret and enjoy lots of art during this fun filled week.

Going Green.....Activities from nature to recycling to anything green will highlight this exciting week.

Camp’n Challenge ...Daily challenges for campers, ending with the ever popular overnight camp out at Walnut Bluffs.

Got Talent...Showcase your talent at our annual talent show.

Therapeutic Recreation Mission Statement

The Columbus Recreation and Parks Department, (CRPD) Therapeutic Recreation sponsors recreational activities that are modified to meet the needs of individuals with disabilities. CRPD, Therapeutic Recreation enhances an individual’s physical, social, and lifetime recreational interests in a broad spectrum of leisure experience. CRPD, Therapeutic Recreation welcomes and encourages everyone to participate.

Personal Care Assistants

Our staff are trained and dedicated to providing your child with a positive, fun, and supportive experience while at camp.

Our staff are able to handle basic care needs. If your child needs extra support you must provide your own Personal Care Assistant.

Please call 645-5648 with questions.



Columbus Recreation and Parks

Therapeutic Recreation
The Jerry Hammond Center
1111 E. Broad St.
Columbus, Ohio 43205

614-645-5648
www.columbusrecparks.com



**Columbus Recreation and Parks
Therapeutic Recreation
Summer of Fun and Adventure Day Camp 2013
Registration Form**

Please complete this form completely and return it with payment info and/or request for PLAY application to:
Therapeutic Recreation, Columbus Recreation and Parks Dept., **1111 E. Broad St, Columbus, OH 43205.**
Registration begins March 16, 2013

I. Camper Information

Camper First Name: _____ Last Name: _____
 Address: _____ City: _____ Zip Code: _____
 Male: __ Female: __ Date of Birth: _____ Age: __ Current Grade: __ **School** _____
 Parent/Guardian: _____ Male: __ Female: __ Date of Birth _____
 Work Phone: _____ Cell Phone _____ Home Phone: _____
 Email Address: _____

II. Emergency Contact Information

Name: _____ Name: _____
 Address: _____ Address: _____
 Day Phone: _____ Day Phone: _____
 Relationship: _____ Relationship: _____

**III. Camp and Session(s) attending (please Check (√) the camp and sessions you wish to attend)
Please check the extended care option if you are using this service**

Camp	Sport Camp	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Total Cost
	June 10,11,12	June 17- June 21	June 24- June 28	July 1- July 3	July 8- July 12	July 15- July 19	July 22- July 26	July 29- Aug 2	
Dodge									
Extended Care Early/Late/Both \$20.00									
Franklin Park \$50 Sport Camp \$80 Session 1,2, 4,5,6,7 \$50 Session 3									

Adaptive Swim Team Camp	Dodge Pool	Aug. 5-9	Cost \$40.00 material fee
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Payment Method: Cash/Check _____ P.L.A.Y. _____ Coupon Code _____ 3 rd Party payer _____ Agency Name _____
Credit Card: (Please Circle) Visa _____ MasterCard _____ Discover # _____ Exp. _____

IV. Medical Information

Physician and/or Clinic: Name: _____ Phone: _____

Please circle all that apply to participant:

- | | | |
|-------------------------|-------------------|--------------|
| Allergies (see below) | Ear Tubes | Scoliosis |
| Arthritis | Glasses | Seizures |
| Atlanoaxial Subluxation | Hearing Aides | Shunt |
| Catheter | Heart Condition | Tracheotomy |
| Diabetes | Hepatitis Carrier | Other: _____ |

V. Disability

To assist in ensuring proper staffing and safety, please identify the participants disabling condition. Circle all that apply to the participant and/or write in any disabling conditions or special instructions below.

- | | | |
|--------------------|----------------------------|---------------------|
| Arthritis | Autism | Learning Disability |
| Down Syndrome | Attention Deficit Disorder | Spina Bifida |
| Severe DD | Severe Behavior Disorder | Spinal Cord Injury |
| Moderate DD | Mild DD | Mental Illness |
| Vision Impaired | Hearing Impaired | Head Injury |
| Multiple Sclerosis | Cerebral Palsy | Muscular Dystrophy |
| | | Other: _____ |

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.) _____

Does participant walk independently? Yes _____ No _____ If no, what assistance is needed? _____

Does participant dress independently? Yes _____ No _____ If no, what assistance is needed? _____

Does participant communicate through speech? Yes _____ No _____ If no, what type of communication is used? _____

Does participant bathroom/toilet independently? Yes _____ No _____ If no, what assistance is needed? _____

Medication Policy: Columbus Recreation and Parks Department staff shall not **administer** medication to participants in their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless the person 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 ensure directions on the container are followed, (2) Assist participant by taking the medication from the locked storage area and hand it to the participant, and (3) Assist participant with a physical disability in removing the medication, assist in consumption, upon request by or with the consent of the participant(s) parent/guardian.

Please identify type, dosage, and time all medication participant is currently taking.

Medication: Name	Dosage	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Consent Page

VI. Participant/Parent/Guardian Release

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers for any and all claims from injuries, damage, or loss which I have or which may occur to me on account of my son/daughter's participation in program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form. Before registration in this program is valid, this release form must be signed by the participant's parent/guardian.

Signature of Parent/Guardian _____ Date _____

VII. 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.

VIII. VEHICAL RELEASE

During our camps, your child will have the opportunity to participate in a field trip.

I, _____, permit my child, _____, to ride in a Columbus Recreation and Parks' vehicle. In some cases, COTA or other private bus transportation may be used. In case of accident or injury I will not hold the City of Columbus or its employees responsible. I understand and assume all risks that may occur during my child's participation.

Signature of Parent/Legal Guardian _____ Date _____

IX. CLIMBING WALL (The climbing wall may visit your child's camp.)

The climbing wall is designed for the amusement/entertainment industry and is a 8' wide by 24' high vertical portable climbing wall with specially made handholds and a motorized, four climber automatic rope belay system for safety. Special training is provided for all staff involved with this program.

I, the undersigned, as parent/legal guardian, consent to his/her participation in the Climbing Wall. I further agree that in consideration of the acceptance of my child's participation, I, the undersigned, on behalf of myself and as parent or legal guardian of the minor participant, for themselves, their heirs, executors, administrators, successors and assignees, do hereby release and discharge the Columbus Recreation and Parks Department, volunteers, support staff, sponsors and employees from any and all claims, damages, demands and causes of action arising from or out my child's participation in this program.

My child and I are aware that participation in activities such as climbing wall is potentially hazardous. Potential risks include, but are not limited to falls, contact with wall, etc. Such risks to my child are known and understood by me. I agree that my child will abide by the direction and instruction of the Columbus Recreation and Parks Department staff during my participation on the climbing wall.

I understand this consent form and agree to its conditions on behalf of my child.

Parent/Guardian Signature _____ Date ____/____/____