



**Columbus Recreation and Parks
Therapeutic Recreation
Summer of Fun and Adventure Day Camp 2015
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 21, 2015

I. Camper Information

Camper First Name: _____ Middle Init. _____ Last Name: _____
 Address: _____ City: _____ Zip Code: _____
 Male: __ Female: __ Date of Birth: _____ Age: __ Current Grade: _____ **School** _____

Parent/Guardian: _____
 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 Location	Cost	Dodge	Thompson	Franklin Park	Extended Care \$20/week
Sport Camp June 8, 9, 10	\$55				
Session 1 June 8-12	\$85				
Session 2 June 15-19	\$85				
Session 3 June 22-26	\$85				
Session 4 June 29-July 2	\$70				
Session 5 July 6-10	\$85				
Session 6 July 13-17	\$85				
Session 7 July 20-24	\$85				
Session 8 July 27-31	\$85				
Session 9 Aug. 3-7	\$85	Adapted Swim Team		Teens only Ages 12-21	

Total Camp Fees: \$ _____

Payment Method: Cash/Check _____ P.L.A.Y. _____ Coupon Code _____ 3 rd Party payer _____ Agency Name _____
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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 ____/____/____