



**Columbus Recreation and Parks  
Therapeutic Recreation  
Summer of Fun and Adventure Day Camp 2009  
Registration Form**

For Department Use only							
1	2	3	4	5	6	7	8
D/O		P/U			Trans		

Please complete this form as thoroughly as possible and return it with **payment** 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, 2009

*One for each camper must be on file for camper to participate in camp*

**I. Camper Information**

Camper First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Email Address: \_\_\_\_\_  
 School Attended \_\_\_\_\_ Current Grade: \_\_\_\_\_

**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 early drop and/or late pick up if you are using this service**

BlazeSports Multi Sport Camp \$20.00 per day or \$50.00 for 3 days	Monday June 15	Tuesday June 16	Wednesday June 17	Total Cost

Camp	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Total Cost
	June 22- June 26	June 29- July 3	July 6- July 10	July 13- July 17	July 20- July 24	July 27- July 31	Aug 3- Aug 7	
<b>Dodge</b>								
Early Drop off <b>\$10.00</b>								
Late Pick Up <b>\$20.00</b>								
<b>Franklin Park</b>								

Please indicate payment method: Cash/Check \_\_\_\_\_ P.L.A.Y. \_\_\_\_\_ 3<sup>rd</sup> Party payer \_\_\_\_\_ Agency Name \_\_\_\_\_

**IV. Medical Information**

Physician and/or Clinic: Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Dentist and/or Dental Clinic: Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Please circle all that apply to participant:

Allergies (see below)      Ear Tubes      Scoliosis  
 Arthritis      Glasses      Seizures

**OVER** → → →

Atlanoaxial Subluxation	Hearing Aides	Shunt
Catheter	Heart Condition	Tracheotomy
Diabetes	Hepatitis Carrier	Other: _____

**V. Disabling Condition**

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
Downs Syndrome	Attention Deficit Disorder	Spina Bifida
Severe MR/DD	Severe Behavior Disorder	Spinal Cord Injury
Moderate MR/DD	Mild MR/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.	_____	_____	_____

**V. 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 \_\_\_\_\_

**VI. Confidentiality Release**

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of Columbus Recreation and Parks program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_