



ACC Summer Camp Registration Forms 2023

Child Information

Camper's Name		Completed Grade: K 1 2 3 4 5	<input type="radio"/> Swimmer
Date of Birth		Shirt Size Ys Ym Yl S M L XL	<input type="radio"/> Non Swimmer

Camper's Name		Completed Grade: K 1 2 3 4 5	<input type="radio"/> Swimmer
Date of Birth		Shirt Size Ys Ym Yl S M L XL	<input type="radio"/> Non Swimmer

Parent Contact Information

Parent Name		Email	<input type="radio"/> Mother
Address		Cell #	<input type="radio"/> Father
		Work #	<input type="radio"/> Guardian

Parent Name		Email	<input type="radio"/> Mother
Address		Cell #	<input type="radio"/> Father
		Work #	<input type="radio"/> Guardian

Camp Week Selection(s)

Please indicate the week(s) of camp for registration. Place an X in the box *in front of* the camp week.

*Camp weekly fee is \$105 and does not include \$45 registration fee.

<input type="checkbox"/>	June 12- June 16	Week 1 Great Outdoors	<input type="checkbox"/>	July 17 -July 21	Week 5 Camp Olympics
<input type="checkbox"/>	June 19 - June 23	Week 2 Full S.T.E.A.M. Ahead	<input type="checkbox"/>	July 24 - July 28	Week 6 Around the World
<input type="checkbox"/>	June 26 – June 30	Week 3 All About Art	<input type="checkbox"/>	July 31 – Aug 4	Week 7 Water Week
<input type="checkbox"/>	July 10 – July 14	Week 4 Game Shows Galore			

No Camp July 3rd to July 7th

Each camp week holds a \$45 registration fee. This is in addition to the camp week fee.
Registration fees are due at the time of registration as it holds the spot for your camper.

I understand that the \$45 registration fee is nonrefundable _____

Parent Signature

Before and After Camp Care (7:30 am – 8:30 am & (3:30 pm – 5:30 pm)

<input type="checkbox"/>	Week 1- Great Outdoors	<input type="checkbox"/>	Week 5- Camp Olympics
<input type="checkbox"/>	Week 2- Full STEAM ahead	<input type="checkbox"/>	Week 6- Around the World
<input type="checkbox"/>	Week 3- All About Art	<input type="checkbox"/>	Week 7- Water Week
<input type="checkbox"/>	Week 4- Game Shows Galore		



Camp Enrollment Forms

Camper Name: _____ **Age:** _____ **Phone:** _____

Parent Name: _____ **Email:** _____

The information below is important to the safety and protection of your child while they attend the ACC Summer Camp Program. Please read this information and sign below.

- I understand that it is my responsibility to sign in my child at the start of the program each day and to sign out my child at the closure of each day before I leave for the day.
- I understand that my child will only be released to those listed on the pickup list. If they will be picked up by someone not on the list I will contact the ACC Summer Camp to update my list.
- I understand that I will not drop off my child until a staff member is aware my child is present
- I will alert staff that my child is leaving for the day
- I understand my child will not be released to any person(s) that seems to be under the influence of drugs or alcohol
- I understand that the ACC Summer Camp Program staff are mandated reporters on any suspected child abuse or neglect cases to the Ohio Department of Job and Family Services.

I have read and understand the statements above regarding the Athens Community Center Summer Camp Program.

Signature: _____ **Date:** _____

Authorization of Pick up

Please indicate below any person(s) that are permitted to pick up your child from the ACC Summer Camp Program. Please list name and phone number.

Emergency Contact Information:

In the event of an emergency, if the parent or guardian cannot be contacted, please provide two additional persons who could be contacted by the camp:

Name	Address	Telephone Number	Relationship to Child
1.			
2.			

Medication

Is your child currently taking any medication (prescription or over the counter) or food supplement? **YES** **NO**

If child is currently taking medication, please complete attached form (JFS01236) Child Care Plan for Health Conditions or Medical Procedures and/or (JFS 01217) Request for Administration of Medication. These forms are in your take home paperwork packet

Sunscreen

The ACC Summer Camp Program does not provide sunscreen for campers. It is requested that campers come to camp with sunscreen applied and ready to be outside for the day. Counselors will remind campers often about application by taking periodic sunscreen breaks. ACC Summer Camp staff will not apply sunscreen unless sunscreen is listed as a medication and the Request for Administration of Medication is completed (JFS01217) this form is in your take home paperwork packet.

Swimming

Written permission is required for the water activities your child will be engaging in. Children will be attending the Athens City Pool swimming in water more than 18inches. By signing below you give permission for your child to attend the pool on assigned swim days during camp.

Campers Name _____ Date of Birth _____

Adult Signature: _____

*Please mark an X indicating camper's ability: Swimmer Non Swimmer



Photography Release

The ACC Summer Camp Program often uses pictures of the summer camp program for promotional purposes. This statement releases permission for campers to be included in photographs that may be used on the ACC Facebook page, and promotional materials. Please indicate preference below by placing an "X" next to the appropriate statement.

- Does have permission
- Does **NOT** have permission

Minor Waiver & Assumption of Risk Form

Notice

This is a legally binding agreement. By signing this agreement you give up your right to bring court action or recover compensation or obtain any other remedy for any injury to your child or your child's property or for the death, however caused arising out of your child's use of the Athens Arts, Parks and Recreation facilities now or anytime in the future.

Acknowledgement of Risk

The risk of injury to my child from the activities involved in the ACC Summer Camp Program, including, without limitation, canoeing, fishing, climbing, dodge ball, gaga ball, crafts, swimming, volleyball, soccer, cardiovascular exercise and the like could be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I (we) acknowledge that all physical activities present certain inherent risks and hazards, including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, cardiovascular stress, head, neck or spinal injuries, broken bones, paralysis or even death. I (we) also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my minor child's participation the in the ACC Summer Camp Program, facilities and equipment that cannot be specifically listed.

Parental or Guardian's Release of All Claims and Covenant Not to Sue

The undersigned being the parent(s), guardian, or person having the care and custody of _____, do hereby understand the risks associated with the Athens Arts, Parks and Recreation activities and consent that she/he may participate in such activities, and in consideration of the City of Athens, Athens Arts, Parks and Recreation Department, its officers, agents and employees permitting she/he to participate, do hereby covenant and agree not to sue and agree to hold harmless the City of Athens, Athens Arts, Parks and Recreation Department, or its officers, agents, or employees for any claim which may arise out of the Athens activities, including claims based on the negligence of the City of Athens, Athens Arts, Parks and Recreation Department, or its officers, agents, or employees. I understand that I will be solely responsible for any loss or damage, including death, my child sustains while using the Child Care facilities and equipment. My signature on this agreement signifies I am relieving the City of any and all liability for such loss, damage, or death. I further certify that my child is in good health and that she/he has no physical limitations which would preclude the use of the Athens Arts, Parks and Recreation Department facilities (which include the Athens Community Center and city parks).

BY SIGNING THIS DOCUMENT, IT IS MY INTENTION TO EXEMPT AND RELIEVE THE CITY OF ATHENS, ATHENS ARTS, PARKS AND RECREATION DEPARTMENT, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

Date: _____

Printed Child's Name _____

Signature: _____

Printed Name: _____



REFUND & RELEASE

Withdrawal:

A two-week notification is required for withdrawal from the ACC Summer Camp Programming. All withdrawals must be requested from the Program Specialist. Withdraw can be requested through email nalbers@ci.athens.oh.us or phone at 740-592-3325. Refunds for camp programming will be on a case by case basis. If you are not approved for withdraw due to request time, you will be responsible to pay your remaining balance or it will be turned over to the Law Director of the City of Athens for collection.

Refunds:

Each request for a refund will be taken on a case by case basis. The Athens Community Center policy on refunds is as follows: No refunds are issued after the start of a week of camp, unless an extreme situation arises and is at the discretion of the Program Specialist.

Programs are subject to change in location, date, time, and/or personnel. Every effort will be made to make up cancelled program dates. However, the Athens Arts, Parks & Recreation Department holds the right to terminate a session at less than the scheduled number of dates. Refunds will be processed through the Auditor's office or credited to your account.

Returned Checks:

If your check has been returned to us due to insufficient funds, a \$25.00 fee will be charged to your account. The parent will be required to pay cash or with a money order until all account balances are settled.

Dismissal:

There are times when the camp must dismiss a child due to illness, psychological, emotional or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate) and the Program Specialist. On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper (if appropriate) and the Program Specialist. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days.

Mandated Reporting:

Child Care employees are mandated, by Ohio State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprise supervisors, we cannot by law require our employees to disclose his or her identity to anyone.

I acknowledge that I have read and understand the above policies and accept their conditions.

I am the parent or legal guardian of the minor _____, and I am signing on behalf of said minor.

Date: _____

Printed Child's Name: _____

Signature: _____

Printed Name: _____