



Summer Camp Registration Form

These forms may be filled out and submitted online if you do **not** need to submit Medical or Special Needs Forms for your child(ren). **The registration is complete *only* after payment, which must be done at Lohrey or Northwest Recreation Center**

Primary Parent/Guardian

First Name _____ Last Name _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____

Secondary Parent/Guardian

First Name _____ Last Name _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____

Does your child(ren) have allergies, special needs or take medication? Yes No

Does your child currently have the following Immunizations?

HBV	Yes	No	Tetanus	Yes	No
DTP	Yes	No	MMR	Yes	No
OPV	Yes	No	Varicella/Varivax	Yes	No

Participant First Name	Participant Last Name	D.O.B.	Gender	T-Shirt Size

Permissions

I give the City of Dayton permission to transport my child(ren), on field trips and in the case of an emergency. Yes No
In event of an emergency, we will transport your child to the nearest hospital.

I give permission and consent for my child(ren)'s photograph to be taken during camp session activities. I understand that any such photographs may be published and used by the City of Dayton to illustrate and promote the Department of Recreation and Youth Services and its programs. Yes No

I give my child(ren) permission to swim Yes No

Each child will be tested for swimming to determine which pool areas they may enter. Please check the box that best reflects your child's ability:

Unable to swim	Able to swim, but not well	Able to swim in all pool areas
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Emergency Authorization and Pick Up Drop Off Contacts

The following persons are to be contacted in the event of an emergency and if the parent or guardian cannot be reached during the camp. In addition, the following people, only, are authorized to pick up the participant(s) listed above. Proper photo identification is required at time of pick up.

Contact 1

Full Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Allowed to Pick up? Yes No

Contact 2

Full Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Allowed to Pick up? Yes No

Contact 3

Full Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Allowed to Pick up? Yes No

Medical Contacts

Primary Care Physician _____ Phone _____
Primary Care Dentist _____ Phone _____
Preferred Hospital _____

In the event of an emergency, your child will be transported to the nearest hospital.

Participant Waiver

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Dayton's Recreation and Youth Services Department and its representatives, successors and assigns for any and all hurt, damage or loss sustained by myself or my child on any activity sponsored by these groups. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Dayton Recreation and Youth Services Department harmless of and from any and all liability of whatever nature which may arise out of result from such uses. For the consideration stated above, I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the City of Dayton Recreation and Youth Services Department, its successors and assigns, for any and all loss and damage occasioned thereby.

Furthermore, I certify that the above submitted information contained in this document is true and accurate.

Parent or Guardian Signature _____

To submit this registration form, click the camp site you want your child to attend.