Cincinnati Recreation Commission

Camp Application
Permission & Release Form

Program Type (check one): _____ **After School Day Camp** ____ **Summer Day Camp**

_____ **Before School Day Camp** ____ **Specialty Camp**

Program Name: _____ **Location:** _____

Name _____ Gender _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____ Home Phone _____

School _____ Grade _____ Start Time _____ Dismissal Time _____

Guardian's Name _____ Guardian's Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Cell Phone _____ Email _____

Work Address _____ Work Address _____

Best form of communication (circle)? **Best form of communication (circle)?**

Home Cell Work Email Home Cell Work Email

_____ **Yes, my child has permission to release himself or herself from the program. Parent's Initials**
(Parents must provide written instructions indicating the destination, arrangements for transportation, time of departure and approximate arrival, and duration of the permission/release).

_____ **Please do not include my name on the parent roster.**

Emergency Contact (Other than parents. Parents will be called first.)

Name _____ Name _____

Address _____ Address _____

Day Phone _____ Evening Phone _____ Day Phone _____ Evening Phone _____

Authorized Escorts **(Center staff have permission to release my child to the following persons. Notify by calling or a written note.)**

Name _____ Name _____

Relationship _____ Relationship _____

Day Phone _____ Evening Phone _____ Day Phone _____ Evening Phone _____

Unauthorized Escorts **(The following person(s) may not remove my child from the Center without prior written permission)**

Name _____ Relationship _____

Name _____ Relationship _____

T-shirt Size (circle one): Youth Small Youth Medium Youth Large Youth Extra Large

Adult Small Adult Medium Adult Large Adult Extra Large

Please list any special limitations, allergies, fears, physical limitations, required assistive devices, or any other required accommodation.

_____

_____

Yes ___ My child needs an accommodation, because of disability, to participate in or enjoy the program.

Please list any disabilities or illnesses that your child has had and any history of hospitalization.

_____

_____

I give the Cincinnati Recreation Commission's officers, employees, agents, and volunteers my permission to involve my child in organized swim lessons that may be associated with the day camp program.
My child is a: _____ non-swimmer _____ beginner swimmer _____ capable swimmer

Conditions of Registration

Registration or entry into the day camp program constitutes agreement to the following conditions:

1. Prior to being rendered service, I agree to pay the Cincinnati Recreation Commission all fees associated with this program, as set by the Cincinnati Recreation Commission.
2. The staff will do their best to handle disruptive behaviors / discipline problems on a daily basis. If a child becomes a constant discipline problem, he/she may be suspended from specific activities or dismissed entirely from the program, camp fees will not be prorated.
3. A fifteen dollar ($15.00) per quarter hour (15 minutes) late fee will be assessed to any parent/guardian picking up their child after 6:00pm. Persistent failure to adhere to the 6:00pm pick up may result in the participant's dismissal from the program.
4. **I give the Cincinnati Recreation Commission's officers, employees, agents, and volunteers my permission to take the child away from the center's grounds for all field trips, special events, and/or group outings including neighborhood parks, libraries, and business districts.**
5. I give the Cincinnati Recreation Commission's officers, employees, agents, and volunteers my permission to involve my child in normally scheduled open swim and aquatic activities that may be associated with the day camp program.
6. I authorize the City of Cincinnati Public Relations Commission to utilize photographs, videotapes, voice recordings, etc. of my child to be used exclusively for the promotion of the Recreation Commission's programs.
7. I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which I/or my child may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have, against the City of Cincinnati and the Public Recreation Commission and their officers, agents, employees and volunteers which are a result of my child's participation in the program,

I do hereby fully release and discharge the City of Cincinnati and the Cincinnati Recreation Commission, their officers, agents, employees and volunteers from any and all claims of injuries, damage or loss which my child may have or which may accrue to me on account of my child's participation in the program.

I further agree to indemnify, defend, and hold harmless the City of Cincinnati and the Cincinnati Recreation Commission their officers, agents, employees, and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the program. I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this wavier and release on behalf of such minor.

Parent/Guardian Signature: _____ **Parent/Guardian Signature:** _____
Name (print please): _____ **Name (print please):**_____
Relationship: _____ **Relationship:** _____
Date: _____ **Date:** _____

PERSONAL INFORMATION: Information in **BOLD** is **Required**:

FIRST Name _____ **LAST Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Gender ❑ **M** ❑ **F** **Date of Birth (mm/dd/yyyy)** _____ **Age** _____ School (if app) _____

Primary Phone (_____) _____ ❑ **home** ❑ **cell** ❑ **work** ❑ **other** _____

Alternate Phone (_____) _____ ❑ home ❑ cell ❑ work ❑ other _____

E-mail Address _____

Circle type of membership: New Renewing

If this is a replacement card: Date replaced _____ Replacement Card # _____

****(Please see opposite side for additional information and signature)****

For office/staff use only: **Center/Division of Purchase** _____

Year 20_____ **Card #** _____ **Type:** ❑**Junior** ❑**Adult** ❑**Senior**

Sold by (name) _____ **Date Sold** _____ **Start Date** _____ **Expiration Date** _____

Amount Paid $ _____ **Payment Method:** ❑**Cash** ❑**Check/MO** ❑**CC** ❑**Other** _____

Fit#1 _____ **Fit#2** _____ **Fit#3** _____ **Fit#4** _____ **Fitness Card Exp** _____

Cincinnati Recreation Commission

IN CASE OF EMERGENCY NOTIFY:

Name (1) _____ Relationship (1) _____ Phone (1) (___) _____

Alt.Phone (___) _____ Alt.Phone (___) _____ E-mail Address _____

Name (2) _____ Relationship (2) _____ Phone (2) (___) _____

Alt.Phone (___) _____ Alt.Phone (___) _____ E-mail Address _____

HEALTH / EMERGENCY / MEDICAL INFORMATION:

Allergies (include food,medications, other) _____

Cincinnati Recreation Commission is committed to supporting the Americans with Disabilities Act.

Do you require Accommodations? (check one) ❑ yes ❑ no - If yes, please explain _____

_____

Physician/Hospital/Health Care Provider _____ Phone (___) _____

PARTICIPANT / PARENT ACKNOWLEDGEMENT:

I agree to abide by the policies and procedures of the Cincinnati Recreation Commission (CRC) and the rules of the facility. I understand that my membership may be revoked if determined necessary by the CRC staff. I have been advised of the center rates and have paid accordingly, in full. As a participant of programs/trips, 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 programs/ trips. It is agreed that the City of Cincinnati/CRC will not sell, transfer or release any personal information except as needed for emergency purposes and I hereby authorize the Cincinnati Recreation Commission to utilize photographs, videotapes, and/or voice recordings, etc.

I have read and fully understand this release form.

Signature of Participant _____ Print Name of Participant _____ Date _____

Signature of Parent/Guardian _____ Print Name _____ Date _____

Cincinnati Recreation Commission city of CINCINNATI

Cincinnati Recreation Commission

DAY CAMP (ON SITE) EMERGENCY INFORMATION (GREEN CARD)

Participant's Name _____ Date of Birth _____
Last First Middle

Street Address _____ Zip _____ Phone _____

Parent or Guardian (First and Last Name of each)

_____

Place of Employment of Parent or Guardian

Mother _____ Phone _____

Father _____ Phone _____

Neighbors, relatives or a sitter who would be wiling to care for the child if the parent cannot be reached:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Child's Physician _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Please check any health conditions of the child that leaders should be aware of:

☐Speech Impairment ☐Hearing Impairment ☐Vision Impairment ☐Asthma ☐Diabetes ☐Epilepsy

Other health problems or limitations _____

List any medication the child is currently taking _____

Allergies _____

EMERGENCY MEDICAL AUTHORIZATION

PART I

In the event reasonable attempts to contact me at _____ (Phone Number) or

_____ (name of other parent or guardian) at _____ (Phone Number)

have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Dr. _____

or in the event the designated preferred practitioner is not available, by another licensed physician, and the transfer of the child to

_____ Hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical Insurance you carry: _____

Date _____ Parents Signature _____

PART II

REFUSAL TO CONSENT: I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Summer Day Camp program authorities to take no such action or to (please specify action)

_____

_____

Date _____ Parents Signature _____

REV 01-07

City of Cincinnati Public Recreation Commission

CRC #256

Request For Administration Of Medication
(Please Print)

No medication can be given to a child unless instruction to administer such items are written, signed and dated by a licensed physician, and are prescribed for a specific child.

Name of Participant _____ Age _____ Date of Birth _____

Address _____ Zip _____ Telephone _____

SECTION 1 TO BE COMPLETED BY CHILD'S PHYSICIAN:

(Name of child) _____ Is under my care and should receive

(Name of medicine, vitamin, or modified diet) _____

(dosage) _____ , as follows _____

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date (may not exceed six months from date of this request if prescribing medication or food supplement):

_____

Signature of Physician _____ Telephone _____ Date _____

Note: If medication or vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead of having the above section completed, the parent completed the chart below:

Rx Number	Pharmacy
Street Address	Telephone

Section 1 does not need to be completed for certain nonprescription items: fever-reducing medicines that do not contain aspirin, cough or cold medications that do not contain codeine; and topical ointments, creams or lotions.

SECTION II TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN

Name of Item to be Administered	Dosage	Time(s) of Dosage

Please Note: **The medication must be in pill, capsule or liquid form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name and the prescription number**

I hereby request and give permission to the Cincinnati Recreation Commission's staff to administer the above listed medication, vitamin, or special diet to my child.

I do hereby fully release, discharge and agree to indemnify, defend and hold harmless the City of Cincinnati and the Public Recreation Commission, their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the administration or non-administration of any medication.

I hereby execute this release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this release on behalf of such minor.

Signature of Parent/Guardian _____ Date _____

Please Note: For your child's protection, this authorization should be renewed every ninety days.

Cincinnati Recreation Commission

Aquatics Division
Swim Lesson Application & Release Form

Membership #

Pool_____

Name: _____ Age:_____ Date of Birth:_____ Gender M or F

Ethnicity (circle one): African American Asian Caucasian Hispanic American Indian & Alaska Native

Native Hawaiian & Other Pacific Islander Other

Address: _____City: _____ State: _____ Zip_____

Telephone: (_____) _____ Parent/Guardian Name: _____

Alt. Emergency Contact: _____ Emergency Phone: (_____) _____

E-mail address: _____

Pool: _____ Token Number: _____

Please indicate any comments regarding your child's swimming ability: _____

_____

Condition of Registration:

I recognize that there are certain risks of physical injury as a result of my or my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive & relinquish all claims I may have, as a result of my participation or my child's participation in the program, against the City of Cincinnati & the Public Recreation Commission & their agents, employees & volunteers.

I do hereby fully release & discharge the City of Cincinnati & the Public Recreation Commission their agents, employees & volunteers from any & all claims from injuries, damage or loss which I may have or which may accrue to me on account of my or my child's participation in the program.

I further agree to indemnify, defend & hold harmless the City of Cincinnati & the Public Recreation Commission their agents, employees & volunteers from any & all claims resulting from injuries, damages & losses sustained by myself or my child or arising out of, connect with, or in any way associated with the activities of the program.

I have read fully & understand this release form. Before registration in this program is valid, this form must be signed by the participant &/or if under eighteen, the participants parent or legal guardian.

Parent/Guardian Signature _____Date_____

I hereby execute this waiver & release on behalf of the named minor, who is below the age of eighteen (18), & represent & warrant that I am a parent or guardian authorized to execute this waiver & release on behalf of such minor.

Parent/Guardian Signature _____ Date _____

Amount _____ Cash/Check # _____ Date _____ Processed by _____

American Red Cross Swim Lesson Skill Levels

Swim Test:

____ Parent Child IPAP
____ Level 1: Introduction to Water Skills
____ Level 2: Fundamental Water Skills
____ Level 3: Stroke Development
____ Level 4: Stroke Improvement
____ Level 5: Stroke Refinement
____ Level 6: Swimming & Skill Proficiency
____ Preschool

Tested by: _____ Session Dates: _____

Cincinnati Recreation Commission

Aquatics Division
POOL MEMBER

Purchase site _____ Year _____

Circle: 5 & under 6 7-12 13-17 18-49 50+

Member No. _____ Amount $ _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Emergency Phone _____

E-Mail _____

Date of Birth _____ Emerg. Contact Name _____

Day Camp/Group _____

I agree to follow the rules and policies and procedures of the Cincinnati Recreation Commission. I understand the CRC rules are available online at cincyrec.org or at the pools. I understand that the City of Cincinnati and its agents or employees retain the discretion to revoke my membership at any time for any lawful reason. I have been advised of the city-wide membership rates and have paid accordingly. I recognize that there are 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 pool activities. I authorize the Cincinnati Recreation Commission to utilize photographs, video recordings, etc.

As a parent or guardian I understand that I am responsible for my child's behavior while on Cincinnati Recreation Commission property. I can be reached at (work)_____ or (cell)_____

Is there a medical condition we should be aware of? Yes No

_____

Do you require accommodation? Yes No

_____

Member Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

SAMPLE

If the Day Camp participant does not already have an All-CRC Pool Membership at the time of Registration, the form above may need to be filled out and signed by the Parent/Guardian at the time of registration.