



2011 SUMMER CAMP ~ Registration Form

Registration form for Summer Day Camp, Mini Camp, & Travel Camp. One form per child; photocopies are accepted for additional children. Please complete both sides of this form. Mail, fax or drop off registrations to Beech Acres Park RecPlex, 6915 Beechmont Ave., Cincinnati, OH 45230. Fax: 231-4190 Phone: 388-4515. Please note RecPlex office hours in the brochure. Online Registration available for all camps except Summer Day Camp. You can download a copy of this form at www.AndersonParks.com.

Child's Name _____ Phone _____ Age _____ Birth Date ____/____/____ Gender _____

Address _____ City _____ State _____ Zip _____ School _____

Mother's Name (Guardian) _____ Cell / Daytime # _____ Work Phone _____

Father's Name (Guardian) _____ Cell / Daytime # _____ Work Phone _____

E-Mail Address (to mail packet) _____

Name & Address of person making payments (if different from above) _____

Additional Authorized Escorts (relationship to camper) who may pick up your child from camp:

(1) _____ (2) _____ (3) _____

This person may NOT pick up my child: _____

EMERGENCY CONTACTS (if parent or guardian cannot be reached)

Name #1 _____ Day Phone _____ Relationship _____

Name #2 _____ Day Phone _____ Relationship _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Preferred Hospital _____

Please list all of your child's allergies; include any foods or medications they are allergic to:

List any medications, food supplements and/or modified diets currently being administered to your child:

List any health problems, limitations or other information our staff should be aware of while caring for your child:

RELEASE OF LIABILITY & AUTHORIZATION: I hereby grant permission for _____ (above named participant) to participate in the Anderson Township Park District's program/activity I have registered for and do hereby release the Anderson Township Park District (ATPD) & Beech Acres Parenting Center, their respective Boards, employees, agents, instructors, coaches and assignees from all responsibility in the event of accident or injury associated with the risk of participation. I knowingly and freely assume all responsibility of participation in this program. The undersigned agrees that their likeness or the likeness of the participant may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the ATPD.

We hereby grant consent to any and all health care providers designated by the Anderson Township Park District to provide my child, _____, any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent/Guardian Name _____ Signature _____ Date _____

