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# COLUMBUS-LOWNDES RECREATION AUTHORITY

## DAY CAMP FOR KIDS ENROLLMENT FORM

\$65.00 per Participant

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

Social Security # \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Child's Gender (mark one)

Male

Female

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

List any special needs (medicines or physical conditions) of the above child:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have ANY allergies? (Please list and include food if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency and the PARENTS cannot be reached, contact the following:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

The following people will be allowed to pick up and drop off my child/children: PLEASE understand that your child WILL NOT be released to anyone else other than to the ones listed below unless a written documentation signed by the parent/guardian has been given to the Director.

1. Name \_\_\_\_\_ 3. Name \_\_\_\_\_  
2. Name \_\_\_\_\_ 4. Name \_\_\_\_\_

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed at the day camp or field trips: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child may take approved field trips sponsored by the day camp: \_\_\_\_\_ Yes \_\_\_\_\_ No

The day camp staff may give my child emergency medical treatment if needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

I have received a copy of the Child Care Regulations Summary for parents: \_\_\_\_\_ Yes \_\_\_\_\_ No

PLEASE CONTINUE TO BACK OF THIS FORM AND COMPLETE AS INSTRUCTED

**COLUMBUS-LOWNDES RECREATION AUTHORITY  
DAY CAMP FOR KIDS  
Camp Dates & Disclaimer Statement**

Child's Name (same as on front of this form):

**My child/children will attend the following sessions (mark one):**

- |                                     |                                |                                  |                                  |
|-------------------------------------|--------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> May 30-June 2 | <input type="radio"/> June 5-9 | <input type="radio"/> June 12-16 | <input type="radio"/> June 19-23 |
| <input type="radio"/> June 26-30    | <input type="radio"/> July 3-7 | <input type="radio"/> July 10-14 | <input type="radio"/> July 17-21 |
| <input type="radio"/> July 24-28    |                                |                                  |                                  |

**I understand that I should deliver my child to the facility in Propst Park no earlier than 7:30am and pick him/her up no later than 5:30pm.**

**A late pick up fee will be charged that day for each 10 minutes after 5:30pm.**

**I/We the parents of the above named child hereby give my/our approval to participate in any and all program activities during the current day camp sessions.**

**I/We assume all risks and hazards incidental to such participation including transportation to and from activities.**

**I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Columbus-Lowndes Recreation Authority, the city of Columbus, the county of Lowndes, the organizers, sponsors, supervisors, director, staff, employees, participants and person transporting my/our child.**

**Insurance coverage is the sole responsibility of the parents or guardians.**

**The Columbus-Lowndes Recreation Authority does not carry any type of insurance for participants.**

Parent Signature:

Date:

Day Camp Director Signature:

Date: