



Anderson Township Park District

2017 Summer Camp Registration Form

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

Email Address (to email packet) _____

If parents live in separate households, please provide additional address and email _____

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 _____

List any allergies, including any foods or medications, your child is allergic to:

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

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

Does your child require a reasonable accommodation in accordance with the Americans with Disabilities Act (ADA)? ____ Yes ____ No

RELEASE OF LIABILITY AND AUTHORIZATION: I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Township Park District (ATPD) activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby release: the ATPD; Forest Hills Local School District; Anderson Foundation for Parks and Recreation; and Beech Acres Parenting Center; and their respective Boards, employees, agents, assignees, sponsors, and volunteers from all responsibility in the event of accident or injury associated with participation in this activity. I hereby acknowledge the ATPD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet", via www.AndersonParks.com and at the Beech Acres Park RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

In consideration of my and/or my child's participation in this ATPD activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the ATPD. Furthermore, I authorize the ATPD to use my e-mail address to send me ATPD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the ATPD activity for which I am registering myself and/or my child.

Parent/Guardian Name _____ Signature _____ Date _____

-----MINI CAMP REGISTRATION-----

___ Camp #1: M-TH, June 19-22, 9:30 a.m.-noon	Ages: 5-6 years
FULL Camp #2: M-TH, June 26-29, 9:30 a.m.-noon	Ages: 3½-4 years
___ Camp #3: M-TH, July 10-13, 9:30 a.m.-noon	Ages: 3½-4 years
___ Camp #4: M-TH, July 24-27, 9:30 a.m.-noon	Ages: 5-6 years
___ Camp #5: M-TH, August 7-10, 9:30 a.m.-noon	Ages: 5-6 years

Price per Camp: \$50 per Anderson resident, \$60 per Non-resident

TOTAL AMOUNT DUE AT REGISTRATION \$ _____

-----TRAVEL CAMP REGISTRATION-----

___ Travel Camp: M-F, July 17-21	\$180 per Anderson resident, \$200 per Non-resident
___ NO extended camp	___ YES extended camp (additional \$40)

TOTAL AMOUNT DUE AT REGISTRATION \$ _____

-----SUMMER DAY CAMP REGISTRATION-----

___ \$155 Resident (first child)	___ \$140 Resident (second child)	___ \$165 Non-resident	\$ _____
___ NO extended camp	___ YES extended camp (additional \$30)		+ \$ _____
TOTAL COST PER CAMP = \$			_____

Check the following camps your child will attend. Your child's first week of camp, plus \$25 non-refundable deposit for each additional camp is DUE AT REGISTRATION. No camp Monday, July 3 and Tuesday, July 4; special price for camp #5 in brochure.

FULL #1 June 5-9	\$ _____ Total amount due at registration
FULL #2 June 12-16	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due June 7
FULL #3 June 19-23	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due June 14
FULL #4 June 26-30	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due June 21
FULL #5 July 5-7	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due June 28
FULL #6 July 10-14	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due July 5
FULL #7 July 17-21	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due July 12
FULL #8 July 24-28	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due July 19
FULL #9 July 31-August 4	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due July 26
FULL #10 August 7-11	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due August 2
FULL #11 August 14-18	\$ _____ (\$25 deposit or first camp paid in full) --- Balance due August 9

DUE AT REGISTRATION = \$ _____ (First week of camp plus \$25 for each additional camp)

OFFICE USE ONLY: Date _____ Total _____ Cash _____ Check # _____ MC / Visa _____ Payment By _____ Staff _____

OFFICE USE ONLY: RecTrac _____ Receipt St _____ Confirmation _____ Packet Sent _____ Payment Log _____

MC / Visa Card # _____ Exp. Date _____ Security Code _____ Name on Card _____