



City of Miamisburg Parks & Recreation Department

Participant Camp Registration

10 N. First St, Miamisburg, Ohio 45342, 937-866-4532

Check all that apply:

- Camp Adenda
 Dance Camp
 Theatre Arts Camp
 Sky Hawks Camp
 Photography Camp
 Camp Running Bear
 Camp Thunderbird
 Tennis Camp
 Art Camp
 Tae Kwon Do Camp

Section 1: General Information

Child's Name:	Birth Date:	Child's Age:
Address:		
City:	State:	Zip Code:
Phone Day:	Phone Evening:	E-mail:
Father's Cell Phone:		Mother's Cell Phone:
Parent/Guardian's Name:		

Circle one shirt size for Camp Adena only: YM YL AS AM AL

Section 2: Medical Information and History

Limitations:

Does your child have any sensory, cognitive, physical, behavior or emotional limitations? None

Limitations

Accommodations required

Allergies & Dietary Restrictions:

List all restrictions, including medicines, foods, bites, and stings. None

Allergy/diet restriction	Reaction	Medication required

Medications:

List any medications your child is currently using, including over the counter medicine. None

Medication	Condition	Dosage (size & frequency)	Current side effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate if your child has a history of any of the following:

	Yes or No		Yes or No
Heart disease		Hypoglycemia	
Heart murmur		Cancer	
Traumatic brain injury		Frostbite	
Active hepatitis		Shortness of breath	
Diabetes		Circulation problems	
Blood disorder		Stomach ulcers	
Asthma		Heatstroke	
Broken bones		Fainting	
Chest pain/pressure		Dizziness	
Unexplained sweating		Muscle cramps	
Tolerance to heat/cold		Other	

If you answered yes to any of the previous items, explain below. Include the following:

What specific symptoms are occurring? How often symptoms/condition occurs? How long symptom/condition lasts.
 How do you care for symptom/condition? How symptom/condition restricts participant. Date of last occurrence.

Condition or Symptom	Detailed Description
_____	_____
_____	_____

Please list the following:

Name of family Physician: _____ Phone: _____ Date of last exam _____

Name of dentist/orthodontist _____ Phone: _____

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier _____ Policy or group # _____

Consent to Treat: IMPORTANT-MUST BE COMPLETED FOR ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

My child is aware and understands any medical restrictions placed on his/her camp activities.

Signature of parent/guardian _____ Date _____

Medication Wavier and Release:

The City of Miamisburg will not dispense medication, apply sunscreen, or apply bug repellent to a minor child or other participant until the Permission and Wavier to Dispense Medication and Medication Information Forms have been fully completed by a parent/guardian. Medication, sunscreen, and bug repellent must be supplied by the parent/guardian. The agency’s internal procedures on dispensing medication are available for review.

I, (print name) _____ give permission to the staff of the Miamisburg Park & Recreation Camp to administer (name of medication, sunscreen, bug repellent) _____ to my child. I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information: Participant’s name, name of medicine and complete dosage instruction. In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the City of Miamisburg to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the City of Miamisburg administering medication to my minor child, I do hereby fully release or discharge the City of Miamisburg, and its officer, agents, and volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the City of Miamisburg, and its officers, agents, volunteers and employees from any and all claims resulting from injured, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of parent/guardian _____ Date _____

Section 3:

Photo Release:

I authorize City of Miamisburg Parks & Recreation Department to publish, in print, electronic, or video format, the likeness or image of myself or my child/ward, without limitation.

Field Trip Permission: (Camp Adena Only)

I hereby give permission for my child to attend all day camp field trips (according to weekly schedules) and to utilize the transportation provided by the Day Camp Series program.

In case of emergency contact:

Name:	_____	Name:	_____
Phone (day):	_____	Phone (day):	_____
Phone (evening):	_____	Phone (evening):	_____
Cell Phone:	_____	Cell Phone:	_____
Relation:	_____	Relation:	_____

Authorized to Pick up, include parent/guardian:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

***If staff member is unfamiliar with the person signing out the camper, proper ID will be required:**

Signature of Parent/Guardian:

Date: _____

Print Name: _____ **Relationship:** _____