

Richmond Heights Recreation Summer Day Camp

Dates: July 21 – July 25 July 28 – August 1 August 4 – August 8 August 11 – August 15

This camp is for children entering Kindergarten thru 6th grade in September 2008. This four-week camp includes sports, games, swimming and arts and crafts. The camp will take place at Richmond Heights Community Park. The campers will be swimming three times each week at Richmond Heights Municipal Pool. 7:45 a.m. early drop-off \$3/per day and late pick-up \$3 per hour/per day is available. **Fee: \$70 for one week or \$240 for all four weeks** **Time: 8:30 a.m. – 3:00 p.m.**

To Register: Please bring your completed application to the Recreation Department at City Hall, or mail to: **Richmond Heights Recreation Department; 26789 Highland Road, Richmond Heights, Ohio 44143**
 Make checks payable to: **City of Richmond Heights**

Richmond Heights Recreation – Program Registration Form

Child's Name	Summer Day Camp Weeks	Age	Fee
			\$ _____
Emergency Name(s)	Daytime Phone Number	Relation to Child	Pickup Authorization (Y or N)

I am interested in (List times): Early Drop-off _____ Late Pick-up _____

In consideration of the City of Richmond Heights ("City") providing sponsorship and/or providing facilities or transportation for this program, I hereby release and hold harmless and agree to indemnify the city and/or its officers, directors, employees, agents and representatives from any and all claims, liabilities, losses, obligations, damages, penalties, suits, actions, judgments, costs and expenses, including attorney fees, for injuries, death or property damage sustained or caused by me or my child or ward while participating in any program offered by the City. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's personal physician.

Neither the City nor its officers, officials, directors, employees agents or representatives will be responsible to transport participants who are not on the return bus/vehicle at the specified return time.

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for my child/ward if deemed necessary by qualified medical or emergency personnel or by the aforesaid officers, officials, directors, employees, agents or representatives of the City, and further agree to assume all expenses for said treatment.

Parent Signature	Daytime Phone	Home Phone
Name	Address	
City	State	Zip Code

DAY CAMP REGISTRATION/EMERGENCY FORM (Please Print)

Session Choice (Circle):

All 4 Weeks July 21 – July 25 July 28 – August 1 August 4 – Aug 8 August 11 - 15

Total Amount Paid: \$ _____ *1/2 of all fees are due upon registration - ALL FEES ARE DUE JULY 11*
Total Amount Owed: \$ _____ (There will be a **LATE FEE of \$15** for payment after this date)

Child's Name: _____ Sex: Male _____ Female _____
LAST FIRST MI.

Address:

NO. & STREET CITY STATE ZIP

Phone:

HOME # MOTHER'S DAYTIME # FATHER'S DAYTIME # OTHER # (RELATION)

Birthdate: _____ Age: _____ Grade as of 8/22/08 _____

T-Shirt Size (**PLEASE CIRCLE ONE**) Small 6-8 Medium 10-12 Large 14-16 Adult Small Adult Medium Adult Large Adult XL

Child's Doctor: _____ Phone: _____

Allergies: _____ Last Tetanus Toxoid Date: _____

Chronic Illness: _____

DOES THE HOSPITAL HAVE PERMISSION TO ADMINISTER EMERGENCY TREATMENT WHICH MAY BE NECESSARY AT THE TIME FOR YOUR CHILD'S WELL BEING? YES _____ NO _____

If you check "NO" give specific instructions on this page for the camp to follow if you or the person designated cannot be located. In case of serious accident or illness, we attempt to contact you in order to explain the situation and let you decide what is to be done. Occasionally we cannot locate the individuals listed on the form. This is the reason we ask for your permission to take your child to the hospital when it seems necessary.

Children are transported to the hospital by the Richmond Heights Fire Department Paramedics. The Paramedics cannot remain at the hospital nor bring the child back. This is your responsibility. If we cannot locate you to accompany your child, a counselor will accompany your child and the Paramedics to the hospital. Richmond Heights Recreation does not provide insurance for campers. Each participant must provide his/her own insurance.

NO REFUNDS AFTER July 1, 2008. If a child is withdrawn from camp before camp begins, \$15 will be retained by the City of Richmond Heights to cover administrative costs.

PARENT OR LEGAL GUARDIAN'S SIGNATURE:

DATE: _____