

2018 CLINTONWOOD CAMP GRADES K-2 REGISTRATION FORM

Security Code: _____

Please print

CAMPER'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL: _____

GRADE IN FALL OF 2018: _____

PRIMARY E-MAIL ADDRESS: _____

Can we e-mail you Weekly Camp Newsletters? Yes, please! No, thanks!

Any special requests, comments, or concerns? _____

CAMP POLICIES
(check all boxes indicating your knowledge of our policies)

Sunscreen Policy.

Before/After Care Payment & Procedures.

Registration, Refund & Transfer Deadline.

I've received the Parent Handbook.

HOW DID YOU HEAR ABOUT US? (Circle one)

Returning Customer Recreation Guide Camp Guide Oakland County Moms

Township Times Monthly eBlast Other: _____

WAIVER

I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Independence Township could be injurious and participant accepts his/her risk with full knowledge that some programs require the assistance of unscreened volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation **in any field trip and/or activity** connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents or guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks, Recreation & Seniors Department of Independence Township and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that the Township of Independence and its several departments, officers, and employees shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all participation. In the event of any injury, permission is hereby given to the Parks, Recreation & Seniors Department, and to the Director of such department to see that first aid and medical attention are given to the participant, at the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious, and the participant accepts his or her risk with full knowledge that some athletic programs require the assistance of unscreened volunteer coaches. Photographs may be taken at certain Recreation Department activities, and, unless the department receives signed, written objections, photos may be reproduced for publication.

Signature of Parent/Guardian

Date

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For office use only

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	For office use only		
						Weekly Rate \$119/res \$130/non	Daily Rate \$29/res \$34/non	Date Registered and Registrar Initials
Please X the days you would like to enroll your child						Field Trips & Beach Days Included	Additional \$5 for Field Trips & Beach Days	
						Late Fee <u>\$10 per transaction</u>	Late Fee <u>\$10 per Transaction</u>	
						Staff: Please indicate this information in the boxes below		
1	6-11	6-12	6-13 <i>Beach Day</i>	6-14 <i>Longway Planetarium</i>	6-15			
2	6-18	6-19	6-20 <i>Beach Day</i>	6-21 <i>Spicer Orchards</i>	6-22			
3	6-25	6-26	6-27 <i>Beach Day</i>	6-28	6-29 <i>Potter Park Zoo</i>			
	7-2 NO CAMP	7-3 NO CAMP	7-4 INDEPENDENCE FEST NO CAMP	7-5 NO CAMP	7-6 NO CAMP			
4	7-9	7-10	7-11 <i>Beach Day</i>	7-12 <i>Friendship Park</i>	7-13			
5	7-16	7-17	7-18 <i>Sky Zone</i>	7-19	7-20 <i>Beach Day</i>			
6	7-23	7-24	7-25 <i>Beach Day</i>	7-26 <i>Indian Springs Metropark</i>	7-27 <i>Carnival Day/Day Camp Gives Back</i>			
7	7-30	7-31	8-1 <i>Beach Day</i>	8-2 <i>Stony Creek Metropark</i>	8-3			
8	8-6	8-7	8-8 <i>Beach Day</i>	8-9 <i>Flint Children's Museum</i>	8-10			
9	8-13	8-14	8-15 <i>Beach Day</i>	8-16 <i>The Great Skate</i>	8-17			
10	8-20 <i>Waterford Oaks Waterpark</i>	8-21 <i>Flint Children's Museum</i>	8-22 <i>Outdoor Adventure Center</i>	8-23 <i>Detroit Zoo</i>	8-24 <i>Deer Lake Beach/ Pizza Party</i>	Weekly Rate \$150/res \$175/non	Daily Rate \$35/res \$40/non	
Week 10 Finish N Fun- Camp runs from 9am-4pm, with NO BEFORE & AFTER CARE SERVICES. We are limited to NO MORE THAN 50 campers; GRADES K-6 ONLY.								

Camp: _____

Independence Township Parks, Recreation & Seniors
MEDICAL INFORMATION/RELEASE FORM
PLEASE PRINT FIRMLY

Security Code: _____

CHILD'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL: _____ GRADE (Fall): _____ BIRTHDATE: _____ AGE: _____ GENDER: _____

Release Authorization/Emergency Contacts *Must be over 16 years of age*

Mother's Name: _____

1st Phone: _____ 2nd Phone: _____

Father's Name: _____

1st Phone: _____ 2nd Phone: _____

Other: _____

Relationship to Child: _____ Phone: _____

Other: _____

Relationship to Child: _____ Phone: _____

Health Information *Please check Yes or No for each*

Immunizations up to Date	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Motion Sickness	<input type="checkbox"/> YES <input type="checkbox"/> NO
Autism/ASD	<input type="checkbox"/> YES <input type="checkbox"/> NO	Down Syndrome	<input type="checkbox"/> YES <input type="checkbox"/> NO	Physical Impairments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emotional Impairments	<input type="checkbox"/> YES <input type="checkbox"/> NO	Head Injury	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Loss	<input type="checkbox"/> YES <input type="checkbox"/> NO
Behavioral Impairments	<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Loss	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Disease/Defects	<input type="checkbox"/> YES <input type="checkbox"/> NO	Major Surgery/Illness	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADHD/ADD	<input type="checkbox"/> YES <input type="checkbox"/> NO
Seizures/Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fainting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other: _____	

Please give detailed information for any YES checked above:

ALLERGIES: _____

Medications: *Please note: Staff are NOT ALLOWED to administer medications*

Physician's Name: _____ **Phone Number:** _____

Hospital for emergency treatment: _____ **Health Insurance Company:** _____

I, _____, hereby give permission to Independence Township to secure emergency medical treatment, surgical treatment, and routine non-surgical medical care at the most available medical facility for _____, a minor child, while under the supervision of the aforementioned.

Any other comments or concerns:

Signature of Parent/Guardian

Date