COLUMBUS
ANDREW J. GINTHER, MAYOR
RECREATION AND PARKS

CRPD FITNESS CAMP APPLICATION SUMMER 2022

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

Site: (circle only one) **Blackburn** **Douglas** **Driving Park** **Glenwood**

Total # in family _____ Yearly Income $_____ **(AGI – Adjusted Gross Income from Federal Tax form 1040)**

1. Child resides primarily with: **(circle one) Mother Father Guardian Both**

2. Parent #1 Name: _____ _____ _____
Last **First** **MI**
Address: _____ _____ _____
Number & Street **City** **State** **Zip**
Home Phone (____)_____ **Work Phone (_____)**_____ **Ext.** _____
Cell Phone (_____)_____ **Email** _____

3. Parent #2 Name: _____ _____ _____
Last **First** **MI**
Home Phone (____)_____ Work Phone (_____)_____ Ext. _____
Cell Phone (_____)_____ Email _____

4. Child 1 Name: _____ _____ _____
Last **First** **MI**
Gender: (circle one) Male Female Date of Birth: _____/_____/_____ **Age:** _____

Health Conditions **(circle all that apply)** Speech Impairment Hearing Impairment **Vision Impaired**
Asthma Diabetes Hyperactivity Medications: _____
Allergies: _____ Other Illness: (explain) _____

Ethnicity: (you must check one) Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐

Race: Check All That Apply: African American/Black_____ **White**_____ **Asian**_____ **Alaskan Native**_____ **Amer. Indian**_____
Native Hawaiian/Other Pacific Islander_____ **Other** (fill in)_____

5. Child 2 Name: _____ _____ _____
Last First MI
Gender: (circle one) Male Female **Date of Birth:** _____/_____/_____ Age: _____

Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
Asthma Diabetes Hyperactivity Medications: _____
Allergies: _____ Other Illness: (explain) _____

Ethnicity: (you must check one) **Hispanic/Latino** ☐ **Non-Hispanic/Non-Latino** ☐

Race: (Check All that Apply): African American/Black_____ White_____ Asian_____ Alaskan Native_____ Amer. Indian_____
Native Hawaiian/Other Pacific Islander_____ Other (fill in) _____

6. Child 3 Name: _____ _____ _____
Last First MI
Gender: (circle one) Male Female **Date of Birth**: _____/_____/_____ **Age**: _____

Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
Asthma Diabetes Hyperactivity Medications: _____
Allergies: _____ Other Illness: (explain) _____

Ethnicity: (you must check one) Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐

Race: (check All that Apply): **African American/Black**_____ **White**_____ **Asian**_____ **Alaskan Native**_____ **Amer. Indian**_____
Native Hawaiian/Other Pacific Islander_____ **Other** (fill in) _____

7. Child 4 Name: _____ _____ _____
Last First MI

Gender: (circle one) Male Female **Date of Birth:** _____/_____/_____ **Age**: _____

Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired

Asthma Diabetes Hyperactivity Medications: _____

Allergies: _____ Other Illness: (explain) _____

Ethnicity: (you must check one) Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐

Race:(Check All that Apply: African American/Black_____ White_____ Asian_____ Alaskan Native_____ Amer. Indian____
Native Hawaiian/Other Pacific Islander_____ Other (fill in) _____

I have filled in the required above information, and guarantee that all information, to the best of my knowledge, is correct, concerning qualifications for this program. I understand and agree that my child can and will participate in all activities, and that non-participation in any activity is grounds for immediate exclusion and/or dismissal from the program.

_____ ____/____/____
PARENT SIGNATURE ***TODAY'S DATE***

8. AUTHORIZED ESCORTS (other than parents)

Name	Relationship
1.	
2.	
3.	
4.	

9. EMERGENCY CONTACTS (other than parents)

Name	Home Phone	Cell Phone	Work Phone
1.			
2.			

10. FITNESS CAMP EMERGENCY MEDICAL AUTHORIZATION, ACTIVITY RELEASE AND PUBLIC RELATIONS RELEASE

PLEASE COMPLETE

Physician and/or Clinic: Name: _____ **Phone Number:** _____

Dentist and/or Dental Clinic: Name: _____ **Phone Number:** _____

Medication Policy: Columbus Recreation and Parks Department staff shall not administer medication to participants of their programs. All medication taken by participant shall be self-administered, and no participant on medication shall be registered in the program unless that person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication (2) Assist participant by taking the medication from the locked storage area and hand it to the participant. **Please identify type, dosage, and time for all medication that the participant is currently taking.**

Medication: _____ **Dosage:** _____ **Frequency:** _____

Medical Authorization Policy: If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisably by a qualified medical Doctor or Dentist, and the transportation of the child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury, I will not hold the City of Columbus or its employees responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

COVID-19 Waiver: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.
I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless City of Columbus employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

_____ **Check here to authorize the City of Columbus to use your child's photograph/video for public relations purposes.**

Date ____/____/____**Parent/Guardian Signature**_____