Grant County Summer Splash Registration & Release Form

Camper Information Form **Ages 7-11** **Please fill out the entire form**

Camper's Personal Information July 11-14th 9:30-3:00

Camper's Full Name _____
Last *First* *M.I.*

Address _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

School _____ Grade _____ Age _____ Date of Birth _____

Primary Caregiver _____ Relationship to Camper _____

Mother's Name _____ Father's Name _____

Home Phone ( ) _____ Cell Phone ( ) _____

Email _____

Medical Information

Medical Conditions _____

Current Medication _____

Allergies _____

Additional medical release information needed on release form.

Additional Emergency Contact Information

Full Name _____
Last *First* *M.I.*

Address _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone ( ) _____ Cell Phone ( ) _____

Relationship to Camper _____

Transportation Information

Please list the people you will allow to pick up your camper from the park and/or from a bus drop off.

1. _____ **2.** _____ **3.** _____

Form Return Information

Return this form to Grant County Parks and Recreation 101 North Main Street Williamstown, KY 41097
Please include payment with your registration form. Camp Fee: $40 per camper
Checks payable to Grant County Parks & Recreation

Paid Cash: ☐ Check: ☐ Scholarship: ☐ Scholarship Amount: $_____

Check Number: _____ Amount Due: $_____ Amount Paid: $_____

Release Form

I, _____give permission for my child (camper), _____ to participate in the following activities at Grant County's Summer Splash Camp.

By checking the boxes below you are giving your permission.

	I give permission for my camper to participate in all activities; such as, crafts, recreation, water activities, group/team projects, physical activity (exercise) and camp curriculum.
	I give permission for Grant County's Summer Splash staff and its partners to take pictures or film footage of my camper to publish through media outlets, for future promotions, and as identification for the group of summer campers.
	I do understand the camp takes place outside in the Grant County Park during July and the campers will be exposed to the sun daily. The camp will supply sunscreen to the campers and I give permission for my camper to be administered sunscreen.
	I give permission for Grant County's Summer Splash staff to secure needed emergency medical treatment and authorize the administration of anesthetics and/or performance of any type of emergency surgery in any licensed medical facility on behalf of my camper. Grant County's Summer Splash staff will notify the listed emergency contacts supplied by you.
	I agree that I will provide the appropriate medication (s) in the original prescription bottle to the Grant County's Summer Splash staff. I also give permission for a Summer Splash staff member to provide the medication at the time and dose indicated on the bottle to my camper. To modify the prescription it must be a written prescription fromthe original prescribing doctor.

Medication that will be administered during camp	Dosage	Time

Any Special Instructions During Camp:

Any Special Needs that we need to be aware of:

By signing this release, I am waiving all liability of Grant County's Summer Splash, camp sponsors/agencies/affiliates and the camp staff/volunteers of any accidents or incidents and give permission to the above checked items. I have read and understand this release form.

_____ Parent/Legal Guardian Signature

_____ Print Parent/Legal Guardian Name

_____ Date