



# 2012 Blue Ash Summer Camps REGISTRATION FORM

**INCOMPLETE FORMS  
WILL NOT BE ACCEPTED**

## REGISTRATION PROCESS

- Take/Send your **COMPLETED** Registration Form to the registration office on the following dates:
  - April 7, 2012: Deadline for Mail-in registrations accepted. **Mail-ins NOT accepted after this date!**
  - April 9, 2012: Residents in-person registration from 9AM-6PM. Continues through June 2, 2012.
  - April 10, 2012: Business Members in-person registration. Continues through June 2, 2012.
  - May 7, 2012: Non-Residents and Non-Members registration 9AM-6PM. Continues through June 2, 2012
  - Camp Registration continues through June 2, 2012 **OR** when camps are full.
- IN-PERSON REGISTRATION:** Turn in registration form with payment at the Blue Ash Recreation Center on applicable dates (see above). Don't forget to pick-up your shirt and a Parent Handbook with your receipt!
- You may register for After Camp Programs at any time.

**\*\*\*INCOMPLETE FORMS WILL NOT BE ACCEPTED - You MUST provide all requested information at registration!\*\*\***

**Blue Ash Recreation Center • 4433 Cooper Road • Blue Ash, OH 45242 • Camp Office: 513-745-8643**

**IS THIS A MAIL-IN REGISTRATION (Deadline is April 7, 2012 - see above)? YES NO**

**MAIL-IN REGISTRATIONS: DO NOT SEND PAYMENT.** The Office will contact you to verify and take payment.

**MAIL-IN REGISTRATIONS ACCEPTED FOR RESIDENTS/MEMBERS ONLY**

## CAMPER INFORMATION

Camper's Full Name		Gender (circle one) Male      Female	Birth Date
Age (at camp)	Returning Camper? (circle one) Yes      No	Shirt Size (circle one): Adult S, M, L, XL Youth S, M, L	
Parent/Guardian Name		Relationship to Camper	
Street Address		City, State, Zip Code	
Daytime Phone	Cell Phone	Email Address	

If your camper has special needs, you will find that the City of Blue Ash makes reasonable accommodations consistent With the ADA. Please contact us at 745-8643 to assess the situation and explore potential accommodations.

## REGISTRATION SELECTIONS (Please indicate your choice with an "X")

Limit 2 Sessions per camper. To be added to the waitlist, indicate choice with "WL" (Limit 1 Session for Tiny Trackers)

Family Discount: 10% Discount on 2 or more sessions (applies to siblings only). Discount taken at time of registration.

- Tiny Trackers 1: 9AM-Noon, June 11-June 15, 2012, Ages 4 & 5, \$50: Friend Request: \_\_\_\_\_
- Camp Blue Fish 1: 9AM-3PM, June 18-June 22, 2012, Ages 6-11, \$100: Friend Request: \_\_\_\_\_
- Camp Blue Fish 2: 9AM-3PM, June 25-June 29, 2012, Ages 6-11, \$100: Friend Request: \_\_\_\_\_
- Tiny Trackers 2: 9AM-Noon, July 9-July 13, 2012, Ages 4 & 5, \$50: Friend Request: \_\_\_\_\_
- Camp Blue Fish 3: 9AM-3PM, July 16-July 20, 2012, Ages 6-11, \$100: Friend Request: \_\_\_\_\_
- Camp Blue Fish 4: 9AM-3PM, July 23-July 27, 2012, Ages 6-11, \$100: Friend Request: \_\_\_\_\_
- Camp Blue Fish 5: 9AM-3PM, July 30-Aug 3, 2012, Ages 6-11, \$100: Friend Request: \_\_\_\_\_

**Friend Requests:** Friends must be within the same age group (6-8 or 9-11) and it is recommended that siblings are not placed in the same group.

<b>OFFICE USE ONLY</b>	Date/Time Rec'vd:	Contacted:	Total:	Staff Initials:
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## EMERGENCY MEDICAL INFORMATION

Physician's Name		Physician's Phone	
Dentist's Name		Dentist's Phone	
Policy Holder's Name	Policy Holder's Employer	Policy Holder's Employer Phone	
Medical Insurance Company	Member ID Number	Group ID Number	
NON-PARENT Emergency Contact	Phone Number (Home/Cell)	Relationship to Camper	
NON-PARENT Emergency Contact	Phone Number (Home/Cell)	Relationship to Camper	

## HEALTH INFORMATION

**Please circle any health information that we should be aware of about your child:**

- |                      |                  |                          |              |
|----------------------|------------------|--------------------------|--------------|
| Allergies            | Blood Disorder   | Glasses/Contacts         | Scoliosis    |
| Attention Deficiency | Diet Restriction | Hearing Aid/Restrictions | Seizures     |
| Braces               | Ear Tubes        | Motion Sickness          | Other: _____ |

Please use this space to explain any items chosen above:

**Please help us better understand your child by answering these few questions:**

What kind of swimming abilities does your child have?

Does your child have any fears (i.e. animals, storms, new people, etc.)?

Does your child show excitement, aggression, or withdrawal in new situations?

Does your child have trouble concentrating or listening to directions?

Does your child display unusual behavior, or has your child experienced any recent lifestyle changes?

For additional comments, please attach additional papers if needed.

## INFORMED CONSENT, RELEASE OF LIABILITY, AND TRANSPORTATION PERMISSION

I state that the health history, as provided, is correct so far as I know and that the undersigned minor has my permission to engage in all camp activities unless specifically noted by me to the contrary. If necessary, I offer my permission to a hospital physician, due to an emergency to order x-rays, routine tests, and treatment for the health and benefit of my child. In the event of a medical emergency, I understand that the Recreation staff will be contacting EMS personnel for treatment of my child and possible transport to a local hospital. In the event I cannot be reached in an emergency situation, I give permission to a physician selected to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child listed below.

By signing this document, I state that I have signed the Blue Ash Recreation Department's Waiver of Release and Liability on my child who is under the age of 18 years.

Additionally, my child has permission to be transported for field trips and other planned activities, and for transportation, should the need arise, for emergency medical treatment.

Child's Name: \_\_\_\_\_

Parent/Guardian **Printed** Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Blue Ash Recreation Department

Blue Ash Recreation Center • 4433 Cooper Road • Blue Ash, OH 45242  
Phone: (513) 745-8550 • Fax: (513) 745-8527 • Web: [www.blueash.com](http://www.blueash.com)

### **Acknowledgement of Risk and Agreement to Participate; Waiver and Release of Liability**

**Notice:** This is a legally binding agreement. Please read it thoroughly and understand the contents.

By signing this document, you verify your understanding of the risks involved from participation in any activity and or use of recreational equipment or facilities under the management of the Blue Ash Recreation Department and you assume the risks (known or unknown, contained herein or not) associated with participation in the activities at the present date or at any future date. By signing this document, you also renounce any right or capability to recover compensation or to claim any other remedy for any personal or bodily injury, damage to property, death or any other loss or casualty resulting from participation in any activity and or use of recreational equipment or facilities under the management of the Blue Ash Recreation Department, at the present date or at any future date. Finally, in signing this document, you assert that you have reviewed and understand the safety information and policies regarding these facilities.

#### **Acknowledgement of Risk and Agreement to Participate**

Participating in leisure, fitness and recreational activities within a recreation facility and in activities such as those governed by the Blue Ash Recreation Department presents inherent dangers and risks, both anticipated and unanticipated, including all manner of injury (both physical and emotional), paralysis, death, damage to property or to other participants, or other losses. Physical injuries from participating in leisure, fitness and recreational activities may include but not limited to: Cuts, abrasions or bruising; musculoskeletal injury; over training injuries, heart attacks; strokes; head injuries; death; and the like.

Physical injury may result from any activity involving participation in programs managed by the Blue Ash Recreation Department, including but not limited to: Overexertion or participation in activities beyond individual skill level, physical or mental capability; Failure of equipment, including fitness equipment, climbing equipment, recreational equipment, or any other elements of participating in any activity and or use of recreational equipment or facilities under the management of the Blue Ash Recreation Department; and any neglect to follow established safety policies and procedures by any participant, spectator or any other person.

#### **Waiver and Release of Liability**

Following consideration and recognition of the inherent risks of participation in any activity and or use of recreational equipment or facilities under the management of the Blue Ash Recreation Department, I, on behalf of myself, my heirs, my estate, guardians, legal representatives, agents, and assigns, hereby releasing, waiving, and forever discharge the City of Blue Ash and the Blue Ash Recreation Department, their agents, employees, volunteers, or other representatives from any claims of personal injury, damage to property, death or any other loss, claim or casualty resulting from participation with the programs, activities and in or the use of the facilities of the Department. I agree to indemnify and hold harmless the City of Blue Ash and the Blue Ash Recreation Department or any entities mentioned herein from all liability, at the present date or any future date, regardless of the circumstances of the claim, whether participation is supervised or unsupervised, and whether any breach of contract or duty of care takes place. I understand that this document is legally binding for me as well as the entities mentioned herein, and I agree not to sue or otherwise make any claim against the City of Blue Ash and the Blue Ash Recreation Department or any entities mentioned herein and that the Blue Ash Recreation Department will not be held legally responsible for any loss I may suffer from participation in any way connected with the Department.

With clear knowledge of the risks involved in participating in leisure, fitness, and recreational activities, including, but not limited to those outlined herein, I voluntarily assume all risks associated with participation, known or unknown, and I agree to follow all safety policies and procedures established by the Blue Ash Recreation Department for participation within the recreational facilities. I further certify, acknowledge and agree that I am of the physical, emotional and mental capability necessary for participation with the indoor rock climbing facility and low ropes course, at the present date and any future date.

**CONTINUED ON OTHER SIDE**

**Sponsored Guests of Members Agreement**

As a membership holder, I understand that guests who are accompanying members to participate in any activity and/or use of recreational equipment or facilities under the management of the Blue Ash Recreation Department, at this date or any future date, are under my supervision as defined in the rules and policies set forth under membership guidelines for guests. Guests who are under the age of 18 were released by their parent/guardian to engage in participation in activities and/or the use of recreational equipment or facilities under the management of the Blue Ash Recreation Department. By signing this document, I agree to fully take responsibility for my guests who are under the supervision of the individuals under this membership according to the rules and policies set forth in the membership guidelines for guests.

**Disagree** (by checking this box, you will lose your guest sponsorship privileges)

**Waiver and Release of Liability, Continued**

*I have carefully read and clearly understand the provisions of this document, and I voluntarily sign this document agreeing to its terms, releasing the City of Blue Ash and the Blue Ash Recreation Department from liability for losses resulting from participation in any activity and or use of recreational equipment or facilities under the management of the Blue Ash Recreation Department at the present date and any future date.*

Primary Adult Membership Holder: \_\_\_\_\_ Membership #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Adult Membership Holder: \_\_\_\_\_ Membership #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

***THIS SECTION TO BE FILLED OUT BY THE PARENT/GUARDIAN OF THOSE UNDER THE AGE OF 18 YEARS***

***Parent/Guardian's Additional Indemnification (for participants younger than 18 years of age):***

In consideration of the named participant (s), I acknowledge that I have carefully read and clearly understand the provisions of this document. By signing, I agree to the language in this document and agree to release, indemnify and hold harmless the City of Blue Ash and the Blue Ash Recreation Department for any claim on behalf of the named youth as a result of participation in any activity and or use of recreational equipment or facilities under the management of the Blue Ash Recreation Department at the present date or any future date.

**Please list each qualifying dependant that is on the membership who is UNDER the age of 18:**

**Printed Name**

**Membership # (Office Use Only)**

Participant 1: \_\_\_\_\_

Participant 2: \_\_\_\_\_

Participant 3: \_\_\_\_\_

Participant 4: \_\_\_\_\_

Participant 5: \_\_\_\_\_

Participant 6: \_\_\_\_\_

Participant 7: \_\_\_\_\_

Participant 8: \_\_\_\_\_

**Printed Name of Parent or Guardian:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_