



Please complete a separate form for each camper

| Child's Name                                  | Date of Birth  |
|---|--|
| Address                                       | Phone #  |
|   | Grade level completed  |
| Parent/Guardian Name                          |  |
| Parent/Guardian Email Address                 |  |
| Address (if different than above)             |  |
|   |  |
| Nature Sleuths  6-8 year-olds   June 1-3, 202 | 22 9AM-3PM  Sycamore Park \$35.00  |
| Junior Naturalist  9-11 year-olds  June 29-Ju | uly 1, 2022 9AM-3PM  Sycamore Park \$35.00   |
| • •   | unty Park District or call 513-732-2977 to pay via credit card (nominal fee<br>c: Clermont County Park District, 2156 US Highway 50 Batavia, OH 45103.<br>It date. |
| ,   | np, a parent or guardian will be responsible for signing your child in or ild, please list who will be responsible for picking up your child at the end            |
| Who will be picking your child up from camp   | ?  |
|   | relationship to child  |
|   | relationship to child  |
|   | relationship to child  |
| The person responsible for picking up your cl | hild from camp each day must show a valid photo i.d., and must be listed   |

above prior to the week of camp.



## Clermont County Park District Day Camp Medical Information Form

| Child's name                        | Date of Birth                    |                                      |  |
|-------------------------------------|----------------------------------|--------------------------------------|--|
| Address                             |                                  |                                      |  |
| City/State/Zip                      |                                  | Home Phone #                         |  |
| Parent/Guardian Name                |                                  | relationship to child                |  |
| Address (if different from child)   |                                  |                                      |  |
| work phone #                        |                                  |                                      |  |
| Medical Insurance                   |                                  | Policy Holder                        |  |
|                                     | Policy #                         | ·                                    |  |
| Name of Primary Care Physician _    |                                  | Phone                                |  |
| Name of Child's Dentist             |                                  | Phone                                |  |
| Emergency Contact (Other than gu    | uardian(s))                      |                                      |  |
| Name                                | Relationship to Child            | Phone                                |  |
| Name                                | Relationship to Child            | Phone                                |  |
| List any existing health conditions | or allergies that the Park Distr | rict staff should be notified about. |  |
|                                     |                                  |                                      |  |
|                                     |                                  |                                      |  |
|                                     |                                  |                                      |  |
|                                     |                                  | <del></del>                          |  |
|                                     |                                  |                                      |  |
|                                     |                                  |                                      |  |

## 2022 Summer Day Camp Participation Form



| l,   | , give my child, _  |   | , permission                               |
|--|---|---|--|
| to attend the summer day   | camp offered by the Clermon                                       | t County Park District at Sycamo  | ore Park on the                            |
| days of  | ·   |   |  |
|  | he Clermont County Park Distror or injury to participants during  | rict, its staff, nor its volunteers a<br>g daycamp.   | ssume                                      |
| full risk of any injuries, dar<br>and all of the activities con<br>and relinquish all claims I r | nages, or loss which my child n<br>nected with or associated with | e of the daycamp activities. I agr<br>may sustain as a result of their pa<br>h the summer day camp prograr<br>ld's participation, against the Cla<br>s. | articipating in any<br>m. I agree to waive |
| · .  |   | nild simple first aid if necessary.<br>In to the nearest doctor or hospit   |  |
| I will pick my child up on ti  | me at the completion of each o                                    | day of camp.  |  |
|  |   |   |  |
| Signature of Parent or G   | uardian   | Date  |  |



## 2022 Summer Day Camp Additional Information

We are excited to have you join us this year! Here are a few things to keep in mind in order to help your camper have a fantastic experience at day camp.

- **Food**: Campers should bring lunch and a snack. Food should not require refrigeration or reheating. Food sharing is prohibited.
- Water: Bring plenty of water in a reusable water bottle! Campers should carry their water bottle with them throughout the day, and we will refill bottles at several points during the day.
- **Severe weather:** Camps will take place rain or shine. In the event of thunderstorms or tornados, campers will seek shelter at a designated tornado shelter on-site. If inclement weather persists, parents or guardians will be contacted for early pickup.
- **Early/late arrival or pickup**: Please let us know if you will be early or late for camper dropoff or pickup. We will attempt to accommodate if possible.
- **Sunscreen and insect repellant**: Campers should bring sunscreen and insect repellant. Naturalists will remind campers to reapply, but will not assist in application.
- **Poison ivy and insect stings**: Staff naturalists will instruct campers in recognizing poison ivy and stinging/biting insects. If an exposure or sting/bite occurs, naturalists will provide campers with basic first aid.
- **Ticks**: Staff naturalists will instruct campers to recognize ticks, and will remind campers to check for ticks throughout the day. We encourage parents or guardians to check their camper for ticks at the end of each day. Additional information about tick prevention can be found at <a href="https://www.cdc.gov/ticks/avoid/on\_people.html">https://www.cdc.gov/ticks/avoid/on\_people.html</a>
- **Clothing**: Campers should dress to be outdoors based on the weather! Old clothes and sturdy closed-toe shoes or boots are essential. Bring sandals, water shoes, or old sneakers to wear in the creek (**NO crocs or flip-flops!**). Please bring raincoats or a poncho if forecast predicts rain.
- **Backpack**: Campers should bring their lunch, creek shoes, water bottle, and sunscreen/insect repellant in a backpack that they can carry with them throughout the day.

Questions? Contact Interpretive Naturalist Stefanie Paeg

spaeg@clermontcountyohio.gov

\*Camps will follow all state and local health and safety guidelines, and are subject to change\*