



Deerfield Township Camp Registration



- No refunds for camper cancellation. Instead, you will be issued a credit for future camps.
- Full refunds will be issued only if Deerfield Township cancels the camp.
- Acceptable payments include cash, credit cards and checks (made payable to Deerfield Township).
- Please print clearly and fill out registration form completely. Illegible or incomplete forms are not accepted.
- T-shirt sizes tend to run small - youth: S, M, L and adult: M, L, XL.
- One free t-shirt will be provided per summer per camper.
- Proper ID is required for all individuals authorized to pick up campers.
- Township medication protocol must be followed if campers receive medication at camp.
- Submit registration and payment in person to Deerfield Township, 4900 Parkway Dr., Suite 150, Mason OH 45040.
- Office hours are M-F 8 AM-4:30 PM. Questions? Call 513-701-6958.

| | | | | | | | |
|---|----------------|-----|----------------|-------|----------------|-----------|----|
| Primary Contact (Parent or Guardian) | Last | | First | | | | MI |
| | Address | | | | | City | |
| | State | Zip | | Email | | | |
| | Home Phone () | | Work Phone () | | Cell Phone () | | |
| Second Contact | Last | | First | | | | MI |
| | Address | | | | | City | |
| | State | Zip | | Email | | | |
| | Home Phone () | | Work Phone () | | Cell Phone () | | |
| Emergency Contact | Name | | | | | Phone () | |
| People Authorized To Pick Up Campers | | | | | | | |

| Participant Name | | Birthdate | | | Gender | Grade Entering | T-shirt Size* | Camp ID (Please circle all camps attending) | | | | | | | | | | Fee |
|---|-------|-----------|---|---|--------|----------------|---------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Last | First | M | D | y | | | | 001 | 002 | 003 | 004 | 005 | 006 | 007 | 008 | 009 | 010 | |
| | | | | | | | | | | | | | | | | | \$ | |
| | | | | | | | | | | | | | | | | | \$ | |
| | | | | | | | | | | | | | | | | | \$ | |
| | | | | | | | | | | | | | | | | | \$ | |
| *Extra T-shirts available for purchase for \$10 per shirt. Youth: S ___ M ___ L ___ Adult: M ___ L ___ XL ___ | | | | | | | | | | | | | | | | \$ | | |

Does the camper need any special assistance? yes no Will camper supply someone to provide assistance? yes no
 Does the camper need medication? yes no Does the camper need to take medication during program hours? yes no
 Do you have any other medical conditions you feel we should be aware of (i.e. asthma, allergies, dietary restrictions)? yes no
 If you answered yes to any of the above questions, please fill out a Medical Information Sheet available at the Township Offices or on the Township website (www.deerfieldtwp.com).

WAIVER: IN CONSIDERATION OF YOUR ACCEPTING MY CHILD'S ENTRY, I HEREBY, FOR MYSELF, MY CHILD, EXECUTORS, ADMINISTRATORS AND ASSIGNEES, DO HEREBY RELEASE AND DISCHARGE DEERFIELD TOWNSHIP, PARKS AND RECREATION DEPARTMENT, ALL SPONSORS, COORDINATING GROUPS, VOLUNTEERS, AND ANY INDIVIDUALS ASSOCIATED WITH THE EVENT/CLASS/TEAM FOR ALL CLAIMS OR DAMAGES, ACTIONS AND WHATSOEVER IN ANY MANNER ARISING OR GROWING OUT OF MY PARTICIPATION IN SAID EVENT/CLASS/TEAM. I DO HEREBY GRANT AND GIVE THESE GROUPS THE RIGHT TO USE MY OR MY CHILD'S PHOTOGRAPH OR IMAGE WITH OR WITHOUT MY OR MY CHILD'S NAME, BOTH SINGLE AND IN CONJUNCTION WITH OTHER PERSONS OR OBJECTS FOR ANY AND ALL PURPOSES INCLUDING, BUT NOT LIMITED TO, PRIVATE OR PUBLIC PRESENTATIONS, ADVERTISING, PUBLICITY AND PROMOTIONS RELATING THERETO.

EMERGENCY MEDICAL AUTHORIZATION (FOR MINORS): IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT THE STATED EMERGENCY TELEPHONE NUMBER HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR 1) THE TRANSFER OF THE CHILD TO THE NEAREST HOSPITAL REASONABLY ACCESSIBLE; 2) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY, UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

Required Signature of Parent/Guardian: _____ Date: _____

For office use only: Date _____ Initials _____ Receipt No. _____ Total Fees _____