

Mason Community Center
6050 Mason-Montgomery Road
Mason, Ohio 45040
513.229.8555

ADMIN USE ONLY
Year: _____
Photo: _____
Climbing Wall: _____
Medical: _____



PARTICIPANT INFORMATION SHEET

Please Print

Participant's Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Sex: _____ Age: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Doctor: _____ Relationship: _____ Phone: _____

School Attending: _____

Does participant need assistance to participate? YES NO

If Yes, please explain: _____

*****If assistance is needed, please turn this form in at least one week prior to the start of the program.***

Participant's Medications: _____

Does participant need to take medication during program hours? YES NO

(Our medication procedures must be followed if participants receive medication at camp. This includes submitting a Medication Administration Request Form, available when dropping off your camper.)

Please describe any other medical conditions you feel we should be aware of (asthma, allergies, dietary restrictions, etc.):

Additional Comments or Suggestions: _____

PLEASE BE SURE TO FILL OUT THE RELEASES ON THE BACK OF THIS FORM

Be picked up by the following people: 1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

*Children 10 years and older must be Community Center members to remain inside Mason Community Center after camp.

**Children under 11 years old must be signed in and out by a parent or approved adult (designated above).

AUTHORIZATION FOR EMERGENCY MEDICAL CARE: In case of an accident or illness, if I cannot be reached to make necessary arrangements, I hereby (please initial) ___ AUTHORIZE or ___ DO NOT AUTHORIZE the City of Mason to transport my child to the nearest hospital for emergency medical treatment.

MEDICAL HISTORY: I understand that participation in this activity is NOT recommended for persons who have any allergies or medical conditions or problems such as heart condition, seizures, high blood pressure, stomach problems, joint problems, hearing difficulty, breathing condition, diabetes, back problems, vision problems, migraines, dizziness, poor circulation, arthritis, toothaches, past surgery, or any other medical condition or difficulty that would prevent me from safely participating in this event. If I or the participant named below has any of these or other conditions or problems and still chooses to participate in this activity, I (please initial) ___ assume all risks associated with such participation.

SUNBLOCK APPLICATION POLICY: Camp personnel are NOT responsible for the application of sunscreen to children. Parents are encouraged to apply sunscreen to their children before they arrive at camp and/or send sunscreen for their child to self-apply. We recommend packing spray-on sunscreen in your camper's backpack for easy reapplication during the day, along with a brimmed hat, sunglasses, T-shirt that fully covers the back and shoulders, and a UV protection swim shirt for swimming days. I (please initial) ___ HAVE READ AND UNDERSTAND the Sunblock Application Policy.

MEDICAL CHECKUPS & IMMUNIZATIONS: My child is up to date on all necessary shots and medical checkups. (please initial) ___ YES or ___ NO

SWIMMING RELEASE: I hereby (please initial) ___ CONSENT or ___ DO NOT CONSENT for my child to attend all swimming sessions at any City of Mason pool.

TRANSPORTATION/FIELD TRIP RELEASE: I hereby (please initial) ___ CONSENT or ___ DO NOT CONSENT for my child to be transported by the City of Mason to the Lou Eves Outdoor Pool, the Mason Community Center, and to and from various field trips. In the case of inclement weather, campers will be taken to the shelters at the park or to the Mason Community Center.

RELEASE OF ALL CLAIMS: In consideration of the opportunity to engage in recreational activities with the City of Mason, the undersigned hereby waives, releases, saves, holds harmless, and indemnifies the City of Mason and the Mason City School District, their elected and appointed officials, boards, commissions, volunteers, employees, agents, and independent contractors, for and from any and all liability, loss, costs, damages, expenses, claims, or actions for damage or personal injury to me, my spouse, or my dependents arising out of or by any act or omission on the part of the user while participating in any City of Mason sponsored activity. The undersigned understands that the City of Mason and the Mason City School District are not liable or responsible in any way for injuries sustained, damages incurred, or accidents occurring during the activities taking place during City of Mason programs and events. The undersigned further assumes the risk of all conditions in and about City of Mason and Mason City School District property, both real and personal, and waives any and all specific notice of the existence of such conditions, if any. Furthermore, this release bars claims by the undersigned's spouse, children, heirs, assigns, executors, and administrators. The undersigned understands that photographs and/or videotapes of the undersigned or family members participating in or using a City of Mason program or facility may be taken for use in promoting City of Mason activities and facilities in future editions of CenterPoint, in a variety of other publications, on display boards throughout the City facilities, and for other uses by the City of Mason and Mason City Schools. The undersigned hereby gives permission to use such photographs without compensation.

X _____
Signature of Parent/Guardian

Date