

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

<b>ADMIN USE ONLY</b>
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: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ 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.)

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

\_\_\_\_\_

\_\_\_\_\_

Additional Comments or Suggestions: \_\_\_\_\_

\_\_\_\_\_

**This form is valid for all activities/programs and it is the responsibility of the parent or guardian to update it accordingly.**

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

**AUTHORIZATION TO WALK, RIDE, OR BE PICKED UP\***

My child has permission to:

Sign him/herself in and out of camp\*\* (please initial) \_\_\_ YES or \_\_\_ NO

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.

**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, 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 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, social media, on display boards throughout the City facilities, and for other uses by the City of Mason. The undersigned hereby gives permission to use such photographs without compensation.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# WHAT TO BRING TO CAMP *CHECKLIST*

In deciding what to send with your child, please consider items that will assist with the success at camp. Take into account the activities that your child will be engaged in, the weather and the duration of the camp (half or full day).

## ALL CAMPERS NEED TO BRING:

- Completed Participant Information Form
- Rock Wall Waiver if applicable
- Comfortable clothing
- Closed-toed gym shoes
- Water Bottle (with name on the bottle)
- Plenty of snacks
- Any necessary medications (Epi-pen, inhaler) labeled with the camper's full name
- Sun block (apply before coming to camp and bring additional to reapply if needed)
- Umbrella or raincoat
- Sweatshirt or light coat
- Sunglasses
- Hat

## FULL DAY CAMPS REQUIRE YOU BRING:

- Full lunch
- Plenty of snacks for morning and afternoon
- Extra Water Bottle
- Swimsuit and towel
- Additional change of clothes
- Camp T-shirt on field trip days

Please be advised that some camps may require additional items. An email will be sent notifying you of what to bring.

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## PLEASE BRING THE FOLLOWING ON DAYS WHEN YOUR CAMP WILL BE SWIMMING:

- Swimsuit and towel
- Additional change of clothes
- Camp T-shirt on field trip days

## DO NOT BRING:

- Electronic games
- Skate shoes or skateboards
- Squirt guns
- Gum
- iPod, headphones, or CD/MP3 player
- Pocket knives
- Jewelry
- Items of significant value
- Card games
- Cell phones



CITY OF **MASON** OHIO  
*more than you imagine.*

# WHAT TO BRING TO ENRICHMENT CAMP **CHECKLIST**

In deciding what to send with your child, please consider items that will assist with the success at camp. Take into account the activities that your child will be engaged in, the weather and the duration of the camp (half or full day).

## **ALL CAMPERS NEED TO BRING:**

- Completed Participant Information Form
- Comfortable clothing
- Closed-toed gym shoes
- Water Bottle (with name on the bottle)
- Plenty of snacks
- Any necessary medications (Epi-pen, inhaler) labeled with the camper's full name

## **FULL DAY CAMPS REQUIRE YOU BRING:**

- Full lunch
- Plenty of snacks for morning and afternoon
- Extra Water Bottle

## **DO NOT BRING:**

- Electronic games
- Skate shoes or skateboards
- Squirt guns
- Gum
- iPod, headphones, or CD/MP3 player
- Pocket knives
- Jewelry
- Items of significant value
- Card games
- Cell phones

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