

# Outdoor Education Winter Camp



**Ages:** 6-12 years old (by September 30, 2009)

**Camp Location:** Indian Village: 3200 Indian Village Rd. Columbus, 43221

**Camp Hours and Fees:** 9AM - 4PM  
\$60 per week for Columbus Residents  
\$75 per week for Non-Residents

**Early Drop Off/Late Pick Up Hours and Fees:**  
\$10 Early Drop Off 8AM - 9AM  
\$15 Late Pick Up 4PM - 6PM  
\$20 Both Early Drop Off and Late Pick Up



<b>Session</b>	<b>Date</b>	<b>Theme</b>
1	December 21-23	Adventure Week
2	December 28-30	Winter Wildlife

## Adventure Camp

Face fun challenges with your teammates as you hike, rock climb, learn outdoor survival skills and more!  
We'll be taking a field trip to the Franklin Park Adventure Center.

## Winter Wildlife

Conduct experiments and play games to discover the ways animals survive the cold weather. We'll be taking a field trip to the Columbus Zoo!

**Registration begins November 2. Any forms received before November 2 will be returned.**

For questions call 614.645.3380  
[outdooreducation@columbus.gov](mailto:outdooreducation@columbus.gov)  
[www.columbusrecparcs.com](http://www.columbusrecparcs.com)

# 2009 Outdoor Education Winter Camp Registration Form

Office Use Only:

Date Received: \_\_\_\_\_ INT: \_\_\_\_\_

Date Registered: \_\_\_\_\_ INT: \_\_\_\_\_

New Camper \_\_\_\_\_ Previous Camper \_\_\_\_\_

Camper Name \_\_\_\_\_ Age as of 9/30/09 \_\_\_\_\_ DOB \_\_\_\_\_

Are you a resident of the City of Columbus? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL Address (Required\*) \_\_\_\_\_

\*Email is required for confirmation purposes, you WILL NOT be registered into camp without an email address.

Camper Main Home Phone Number \_\_\_\_\_

Guardian 1/Dad Name \_\_\_\_\_ Guardian 2/Mom Name \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

**Camper Request** - You may request that your child be placed with **one friend of the same age** during their weeks at camp. This request is NOT guaranteed. We do reserve the right to make changes to this request.

**Friends' Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Please place the name of each camp session you wish to attend in the column below. Circle A, B, or C to indicate early drop-off/late pick up (A = early drop off, B= late pick up, C= both). Once you are registered into camp, we will send you confirmation via the email address you provide. It will include your registration status, invoice, payment due date and camp information. **Do NOT send payment with your registration!**

Write name of camp and circle A, B or C for Early Drop Off, Late Pick Up or Both			
Camp Name	Early/Late/Both		
	A	B	C
	A	B	C

Mail Registration Form along with Participant Waiver Form to:

**Indian Village Winter Camp  
3200 Indian Village Road  
Columbus, OH 43221**

**Columbus Recreation and Parks Department  
Participant Waiver Form**

**I. PARTICIPANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Circle One: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**II. EMERGENCY CONTACT INFORMATION**

If parents or guardians are unable to be reached, contact:

Name: _____	Name: _____
Day Phone: _____	Day Phone: _____
Relationship to Participant: _____	Relationship to Participant: _____

**III. MEDICAL INFORMATION**

*Physician and/or Clinic*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Dentist and/or Dental Clinic*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please provide **specific information for any medical or behavioral condition(s)** in which staff should be aware in order to provide a safe and successful environment (allergies, activity restrictions, asthma, ADHD etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Policy:** Columbus Recreation and Parks Department staff shall not administer medication to participants of their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless that person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication (2) Assist participant by taking the medication from the locked storage area and hand it to the participant.

**Please identify type, dosage, and time for all medication participant is currently taking.**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

**IV. PARTICIPANT/PARENT/GUARDIAN RELEASE**

\_\_\_\_\_ has my permission to participate in all activities offered during the camp. If attempts to contact me at the above listed phone #'s are unsuccessful. I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the transportation of the child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I authorize the City of Columbus to take all necessary steps to insure my child's health & safety in case of an emergency and to administer any needed medications. In case of accident or injury I will not hold the City of Columbus or its employees responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**V. PARTICIPANT AUTHORIZED ESCORT LIST**

Please list all escorts who are authorized to pick up your child (make sure to include yourself and spouse/legal guardian). Please be specific (first and last names) escorts will be REQUIRED TO SHOW ID. At no time will a child be permitted to leave with someone who is not on the escort list. Participants will not be allowed to leave for lunch.

Escort Name (Do Not Forget Yourself)	Phone Number	Relationship to Camper
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

**VI. PUBLIC RELATIONS**

Please initial one of the following:

\_\_\_\_\_ I authorize the City of Columbus to use my child’s photograph for public relations purposes.

**-or-**

\_\_\_\_\_ I do not authorize the City of Columbus to use my child’s photograph for public relations purposes.

**VII. VEHICLE RELEASE**

During our camps, your child may have the opportunity to participate in a field trip. Please sign below to allow us to transport your child.

I, \_\_\_\_\_, permit my child, \_\_\_\_\_, to ride in a Columbus Recreation and Parks vehicle. In case of accident or injury I will not hold the City of Columbus or its employees responsible. I understand and assume all risks that may occur during my child’s participation.

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**VIII. ADVENTURE PROGRAMS CONSENT**

I, the undersigned, as parent/legal guardian of the previously named child, consent to his/her participation in the adventure programs operated by the Columbus Recreation and Parks Department (CRPD). I further agree that in consideration of the acceptance of my child’s participation, I, the undersigned, on behalf of myself and as parent or legal guardian of the minor participant, for themselves, their heirs, executors, administrators, successors and assignees, do hereby release and discharge the Columbus Recreation and Parks Department, volunteers, support staff, sponsors and employees from any and all claims, damages, demands and causes of action arising from or out my child’s participation in this program.

I do attest and verify that my child is physically fit to participate in strenuous physical exercise. My child and I are aware that participation in activities such as the high ropes course, team building challenges, climbing wall, and other adventure activities are potentially hazardous. Potential risks include, but are not limited to falls, contact with wall. Such risks to my child are known and understood by me. I agree that my child will abide by the direction and instruction of the Columbus Recreation and Parks Department staff during my participation on the high ropes course, team building challenges, climbing wall, and other adventure activities.

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_