

OCC Summer Camp Participation Form

The information on this form is gathered to assist camp staff with the necessary care needed for any medical or non-medical emergencies. Please provide all the detailed and correct information needed. If any of this information changes please inform the camp staff immediately.

Male **Female**

Camper's Name: _____ **Date of Birth:** _____

Home Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Home Phone Number:** _____

Parent/Guardian Name: _____ **Relationship to Child:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

Where can you be reached while your child is at camp? _____

Second Parent/Guardian Name: _____ **Relationship to Child:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

Where can you be reached while your child is at camp? _____

Emergency Contact Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

Does your child have any food, medication, or environmental allergies?

No

Yes- Please list all allergies below

Does your child have any special health or medical conditions?

No

Yes- Please list all medical or health conditions below

Is your child currently using any medication, food supplement, or medical food?

No

Yes- Please list all medical medication being used below

Emergency Transportation Authorization
Please sign one below

Parent/Guardian Authorization: The Oakwood Community Center has my permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Non-Authorization: The Oakwood Community Center **DOES NOT** have my permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

Parent/Guardian Signature _____ Date: _____

Summer Camp Participation form Authorization

Parent/Guardian authorizations: I hereby agree that the information contained in the "OCC Summer Camp Participation Form" is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Parent/Guardian Signature _____ Date _____

PROGRAM RELEASE STATEMENT

In consideration of being accepted for participation in the designated program(s) conducted by the Leisure Services Department of the City of Oakwood, the undersigned does hereby release, acquit, discharge, agree to indemnify and defend and hold harmless the City of Oakwood (City) and all employees and agents of the City together with their heirs, executors, administrators and assigns, from any and all actions, claims, and demands of any type which I may have or which may be made on behalf of my spouse or any of my children, arising from or in any way related to the above programs or activities.

Parent (Guardian)Signature: _____ Date: _____