



2018 SUMMER FUN PROGRAM
Please Fill Out All 3 Pages

Children 5 to 10 years of age are invited to come enjoy our Summer Fun Program at the Harrison Community Center. The 2018 SUMMER FUN will be one six (6) week session of great fun for your child. We begin on June 12th -every Tuesday, Wednesday and Thursday from 9:00 AM to 11:30 AM and will go thru July 26th. THERE WILL BE NO SUMMER FUN THE WEEK OF JULY 4TH. Registration fee is \$20.00 and includes a Summer Fun Tee Shirt for your child. Signups will be held on April 21, 2018 from 10:00 AM to Noon and April 24 from 6:00 PM to 8:00 PM Harrison Community Center Room 110. Visit: www.harrisonohio.gov/recreation commission for upcoming events.

2018 SUMMER FUN PROGRAM REGISTRATION FORM

PLEASE PRINT

Participant's Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

School Attending _____

Parent/Guardian Name _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____ e-mail _____

Emergency Contact _____ Phone (____) _____ - _____

Injury release-I hereby understand that my child is registering to participate in the Summer Fun Program. I also understand that this program, like all physical activity, has some inherent risk involved. Furthermore, my child is in good physical condition appropriated for the state activity. Participants must assume full responsibility for injuries incurred while taking part in this program. At no time can these directors, coaches, and/or the City of Harrison be held responsible for accidents, injuries, or death that may occur as a result of participating in this program.

Signature of Parent/Guardian _____ Date ____/____/____

Fee is \$20.00 which includes a Summer Fun T-Shirt. Sizes/SM _____ MED _____ LG _____ XLG _____

Paid Cash _____ Check# _____

SUMMER FUN EMERGENCY MEDICAL AUTHORIZATION

Camper's Name

Date of Birth

Grade (in fall)

Street Address

City, State, Zip Code

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under "Summer Fun" authority, when parents or guardians cannot be reached.

Mother / Guardian Name

Daytime Phone Number

Cell Phone

Father / Guardian Name

Daytime Phone Number

Cell Phone

If parents / guardian's cannot be reached contact:

Name

Phone

Relationship

PART 1 TO GRANT CONSENT (PART I OR II MUST BE COMPLETED)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor/Specialist Name

Phone Number

Dentist Name

Phone Number

Local Hospital

Emergency Room Phone Number

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date

Signature of Parent/Guardian

PART II IS REFUASL TO CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART 1)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the "summer fun" authorities to take the following action:

Date

Signature of Parent/Guardian

Summer Fun Photo Release

Throughout the summer the Harrison Recreation Commission sends press releases and photographs to the media, as well as places them on our website (www.harrisonohio.gov) and our Facebook pages (Harrison Recreation Commission and City of Harrison). In order to do so, the consent of the parent or legal guardian is needed to publish photographs of your child. Please check one of the following:

I do ...

I do **NOT** ...

... hereby consent to and give permission to the Harrison Recreation Commission and any Third Party affiliated with the Harrison Recreation Commission's Summer Fun Program, to use photographs of my child in print publications, online publications, presentations, websites, and social media. I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature of parent/guardian

Date

Child's Name

Child's Name

Child's Name

Child's Name