



CITY OF | **UPPER  
ARLINGTON**

PARKS & RECREATION DEPARTMENT

3600 Tremont Road • Upper Arlington, Ohio 43221-1595

Phone: 614-583-5300 • Fax: 614-457-6620 • [www.ua-ohio.net](http://www.ua-ohio.net)

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## SPRING BREAK DAY CAMP

The City Of Upper Arlington Parks and Recreation Department has extended its Day Camp program to run concurrently with the Upper Arlington School's spring break.

The Spring Break Day Camp will be held for youth ages 6-12 years old March 19 through March 26 at Thompson Park north shelter house. The program will be held from 7:15 a.m.-6 p.m.

Children can enjoy a variety of activities including arts and crafts, games, quiet recreation, movies, library visits and field trips. Qualified leaders at an approximate ratio of 15:1 staff the program. Participants should bring a packed lunch daily and an afternoon snack. Beverages will be provided.

Initial registration is \$20 for a resident family or \$25 for a non-resident family (non-refundable). Fees are \$28 a day. Space is limited and initial registration must indicate all days your child will be attending Camp. Full payment is due at registration and is nonrefundable.

Deadline to register is Wednesday, March 10, 2010. A minimum of 15 and maximum of 40 participants will be accepted. If less than 15 registrations are received, Camp will be cancelled. A decision regarding canceling Camp will be made March 11 and you will be notified only if Camp is cancelled. Please call the Parks and Recreation office at 583-5300 if you have any questions.



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# MEMORANDUM

PARKS & RECREATION DEPARTMENT

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TO: Parents of Children with Disabilities

FROM: James Gant, Day Camp Supervisor  
Parks and Recreation Department

SUBJECT: Spring Break Day Camp Information

DATE: November 2009

The City Of Upper Arlington Day Camp Programs provisionally accepts children with disabilities who can participate in our daily programs with minimum accommodations. To be accepted, children with disabilities must be able to function in a large group setting with a 15/1 camper/leader ratio, attend and participate in field trips and in daily camp activities with general leader supervision. In addition children with disabilities must be able to care for their own personal needs.

The Day Camp Program is not promoted as a camp that specializes in childcare for children with disabilities but campers, who need basic accommodations, have and will be accepted.

While the Parks and Recreation Department strives to comply with ADA Guidelines, we do not endorse/recommend this program specifically for children with disabilities.

Camp leaders may not necessarily have specific training in working with children with special needs but are selected partially for their ability and willingness to work with all children.

# SPRING BREAK DAY CAMP APPLICATION FOR PARTICIPATION

Name(s) and age of child(ren) registering in the Spring Break Day Camp:

\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

NAME	AGE	SCHOOL
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FATHER _____	MOTHER _____
Address _____	Address _____
Zip _____	Zip _____
Home Phone _____	Home Phone _____
Work _____	Work _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Marital Status _____	Marital Status _____

If non-resident: Name & address of employment in Upper Arlington: \_\_\_\_\_

Are there any court judgements or custody suits pending which has established the legal custody of the child or financial \_\_\_\_\_

**In case of divorced or separated parents, the Day Camp can assume responsibility to only one parent. Please designate the legally responsible person:**

Will any special assistance be needed? Please explain: \_\_\_\_\_

**Who may we call in case of emergencies, if responsible parent is unavailable?**

NAME	ADDRESS	PHONE #	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Camp Dates	Fri Mar 19	Mon Mar 22	Tues Mar 23	Wed Mar 24	Thur Mar 25	Fri Mar 26
Check days attending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of children attending						
Cost per child per day	\$28	\$28	\$28	\$28	\$28	\$28
					Field trip required	

Number of days attending @ \$28=\$ \_\_\_\_\_  
 X number of children = \_\_\_\_\_  
 + Registration fee (one per family) \$ \_\_\_\_\_  
 Total amount due: \$ \_\_\_\_\_  
 All fees are non-refundable



**PERMANENT PERMISSION FORM**

**SPRING BREAK DAY CAMP**

Part I.

**PERMANENT FIELD TRIP PERMISSION FORM**

My child(ren), \_\_\_\_\_, has permission to leave the premises of the Thompson Park to participate in field trips by foot, auto, van or bus which are planned as part of any session of the Day Camp Program.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Part II

**NON-PARENT/GUARDIAN PERMISSION RELEASE FORM**

The following persons, other than his/her legally responsible parent/guardian, have permission to call for my child(ren) \_\_\_\_\_ at the close of any session of the Day Camp Program.

NAME	RELATIONSHIP	Home# _____	Work# _____
_____		Cellular# _____	2 <sup>nd</sup> Cell# _____
_____		Home# _____	Work# _____
_____		Cellular# _____	2 <sup>nd</sup> Cell# _____
_____		Home# _____	Work# _____
_____		Cellular# _____	2 <sup>nd</sup> Cell# _____
_____		Home# _____	Work# _____
_____		Cellular# _____	2 <sup>nd</sup> Cell# _____

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**REC WAIVER**  
**CITY OF UPPER ARLINGTON EMERGENCY MEDICAL/LIABILITY WAIVER FORM**

**PLEASE PRINT**

Participant's Name \_\_\_\_\_  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ M/F \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone (Adult Participant) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (For Parent/Guardian or Participant 18 yrs or older)

**If participant is a minor:**

Primary Guardian _____	Home# _____	Work# _____
Place of employment _____	Cellular# _____	Pager# _____
Secondary Guardian _____	Home# _____	Work# _____
Place of employment _____	Cellular# _____	Pager# _____

**Emergency Contact:**

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Known Allergies: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_  
 Health Concerns (diabetes, asthma, etc): \_\_\_\_\_  
 Physical Impairments: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION, PART 1 OR PART 2 MUST BE COMPLETED**

**PART 1 (TO GRANT CONSENT)**

I hereby give my consent for (1) the administration of any treatment deemed necessary by (Physician) Dr. \_\_\_\_\_ at \_\_\_\_\_ (Phone) or (Dentist) Dr. \_\_\_\_\_ at \_\_\_\_\_ (Phone), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child/myself to (Hospital Name) \_\_\_\_\_ or any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Adult Participant/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART 2 (REFUSED TO GRANT CONSENT) (DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1)**

I DO NOT give my consent for emergency medical treatment of my child/myself.

Signature of Adult Participant/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**USE OF PHOTOGRAPH**

I hereby grant and give the City of Upper Arlington the right to use my photograph or image (or the photograph or image of the participant for whom I am signing) for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating hereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY FORM**

I, \_\_\_\_\_ (adult participant, parent, legal guardian) acknowledge that participation in City of Upper Arlington programs may involve some risk of physical injury due to the nature of the activities. In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which I/my child may incur in these activities, and any and all rights to such damages against the City of Upper Arlington or its representatives, employees, independent contractors, agents or officials, directors, sponsors, or any officials of these programs. This includes any transportation involved with travel related to these programs. I further represent that I/my child is in good physical condition to participate in these programs. I am aware that this waiver is valid for any program registrations received by the City of Upper Arlington until a revised form is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver Expires 1 year from the date submitted.**

(Please complete one form per participant.) Should there be any change in the above information the signed person is responsible for completing a new form.



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**DAY CAMP FIELD TRIP PARENTAL PERMISSION FORM**

**REQUIRED FIELD TRIP**

The Spring Break Day Camp will be going on a Field Trip to Carriage Place (Movie) on Thursday, March 25, from TBA to TBA. The cost of the trip is \$9.00 (cash only) to be paid by the day of the event. Those who attend Day Camp on the days of **REQUIRED** Field Trips are required to go on the trip. The cost of the trip includes transportation and admission. Extra money may be needed for snacks or other items, which is a parental decision. Day Camp is not responsible for your child's money.

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Name(s) \_\_\_\_\_ has/have my permission to go on a Field Trip to Carriage Place (Movie), Thursday, March 25, 2010 from TBA to TBA.

PARENT'S/LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_

**PLEASE RETURN FORM BY DAY OF THE EVENT**