

Camper's Name: \_\_\_\_\_  
(First) (Last)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Situations we should be aware of (Medical, Physical, Etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Grade completed: \_\_\_\_\_ Age at Camp \_\_\_\_\_ Gender M F

E-mail address: \_\_\_\_\_  
(This is daytime account)

I attended Camp Alameda in 2018: Yes No

Must send in 1 week payment to secure your spot at Camp Alameda. Payment will due every Friday before you attend. (\$125.00) Take advantage of the \$1,000.00 all summer savings. (3 weeks free!)

**Parent Orientation**  
**Friday, May 31st at 6:00pm at the Masonic Shelter**

<u>T-shirt Size</u>	YM	YL	(Youth)
S	AM	AL	AXL (Adult)

**Registration Agreement-**Please initial by all statements and sign to indicate understanding and agreement

☐ I am aware that activities and schedules are subject to change at the discretion of Camp Alameda and their staff.

☐ I understand that the Butler County Parks and Recreation Department has a no-refund policy.

☐ I understand that it is the camper's responsibility to participate in the whole camp program including work, play, values sharing, and cooperating throughout daily activities. I'll ensure that my camper abides by the rules of the program and will explain to them that violation of rules related to (but not limited to) inappropriate conversations/contact, disrespect to staff, violence or bullying will result in a dismissal from the program with no refund of camp fees. If my child is suspended or dismissed from the program for a day or week, it is the parent/guardian's responsibility to pick up the participant at camp ASAP.

☐ I understand my child's picture may be taken and used for promotions related to Camp Alameda.

☐ I understand and give permission for my child to occasionally watch movies that are rated PG at camp.

☐ I understand that the Camp Alameda Program and the Butler County Parks and Recreation Department assume no financial obligation, but in case of accident or illness, the Camp Alameda Staff have my authorization to secure emergency medical attention if unable to communicate with me immediately.

[illegible]

**All summer at  
Camp  
Alameda  
(Check box  
above)**

***Please check  
here if you  
are C.I.T***

☐ Cash    ☐ Check#                      ☐ Credit Card (2.75% Fee, min \$3)

### PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the Butler County Parks and Recreation Department, Camp Alameda.

Please keep and refer to your copy of the Butler County Parks and Recreation Program policies. Your signature below indicated that you have received them.

I understand that I am not to leave my child at the Butler County Parks and Recreation, Camp Alameda program site unless a Butler County Parks and Recreation staff is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must be listed with the Butler County Parks and Recreation, Camp Alameda or other arrangements must be made by calling the Butler County Parks and Recreation Department office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, camp staff may have no recourse but to contact the police for the child's safety. Please do not put staff in the position where they have to make this judgment call.

#### PHOTO RELEASE

Photographs of the children participating in our program may be taken from time-to-time and may appear in newspapers, magazines, brochures, or other publicity material. Your permission for photographs including your child(ren) to be used without compensation is a part of this agreement unless otherwise stated.

In consideration of being allowed to participate in the activities and programs of the Butler County Parks and Recreation Department, Camp Alameda, I do hereby waive, release, and forever discharge the Butler County Parks and Recreation Department and its employees and all others from any and all responsibilities or liability for injuries or damages resulting from participation in any activities.

I have read and understand the statements above.

**PLEASE INITIAL HERE STATING YOU READ THE PARENT HANDBOOK AND AGREE TO THE TERMS AND CONDITIONS IN THE BOOK.**

**PARENT OR GUARDIANS INITIALS:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Child's Name