



Summer Camp Registration Form

June 3rd - August 16th, 2024 (no camp July 1st – 5th)

PLEASE COMPLETELY FILL OUT this form and the State of Michigan Health History form attached. All forms MUST be completed and returned to the Sportsplex before your child can be placed on our Summer Day Camp waitlist. We will contact you to complete and confirm placement once your registration has been processed. PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING TIME.

For Sportsplex Use Only:		Date of Submission		Employee Initials		Registration no.	
Name of Child (Last, First, Middle Initial)						Child's Sex	Child's Date of Birth
Address (Number and Street, Building/Apartment Number)				City	State	Zip Code	
Parent/Legal Guardian's Name		Home Phone ()		Parent/Legal Guardian's Name (Optional)		Home Phone ()	
Home Address (if not child's address)		Cell Phone ()		Home Address (if not child's address)		Cell Phone ()	
City	State	Zip Code		City	State	Zip Code	
Email Address (optional)				Email Address			
Employer Name		Work Phone ()		Employer Name		Work Phone ()	

Please circle days requested on a weekly basis: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

Additional Comments:

Please provide known vacation days:

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	()	()
2.	()	()
3.	()	()
4.	()	()

LIABILITY RELEASE: I, as a participant or legal guardian representing a minor participant, agree to release the Otsego County Sportsplex, its officers, employees, and volunteers from any and all liability for accidents, injuries, loss of, and/or damage to my/our person or property that may arise out of my/our participation in, or my/our presence at, listed activity(s). I/we are aware that there are certain risks and/or possible dangers in participating in this activity(s). I have entered into this agreement of my own free will.

I verify that my school age child is in good health, able to participate in normal activities and participates in a regular health screening, which includes wellness checks and updates regarding immunizations.

I give permission for my child to ride on a school bus to and from lunch at a Gaylord School.

I give permission for my child to participate in field trips which may include being transported by bus.

I give permission for my child to appear in photographs and/or videos in newspaper articles, and on the Sportsplex Facebook page.

**** Unless I revoke my permission in writing, the Otsego County Sportsplex has permission for my child to participate in all the above activities for the period of time he/she is enrolled in Summer Day Camp.**

I am responsible for submitting my child/ren's attendance and communicating any changes in attendance to the Sportsplex office staff, providing them with 48 hours advanced notice. In the event that I do not provide at least 48 hours' notice, I understand that I will be charged for the days reserved for my child/ren. Failure to pay my balance on time could result in the loss of child care thru the Otsego County Sportsplex.

Parent Name: _____

Parent/Guardian Signature: _____ **Date:** _____

HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper or minor staff. Fill out the information requested. (Use back of form if additional space is required.) *Authorized person* means a parent, guardian, or adult camper's designee.

Minor Child's Name (Last)		First	Middle	Sex	Date of Birth
Address (Number and Street)			City	Zip	Telephone (Home)
Authorized Person's Name (Last)		First	Middle	Telephone (Work)	
Address (Number and Street)			City	Zip	Telephone (Emergency)
Is the minor child having any of the problems listed below?					
	Yes	No		Yes	No
1. Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	7. Trouble with passing urine or bowel movements	<input type="checkbox"/>	<input type="checkbox"/>
2. Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	8. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	9. Speech problems	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	10. Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
5. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	11. Dental problems	<input type="checkbox"/>	<input type="checkbox"/>
6. Frequent colds, sore throats, ear aches (4 or more per Year)	<input type="checkbox"/>	<input type="checkbox"/>	12. Other	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any problem areas identified above including any current infectious diseases:					
If female has she been told about menstruation (answer if appropriate)			Has she menstruated (answer if appropriate)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Operations or Injuries					
Explain Any Special Health, Behavioral or Emotional Consideration(s)					
Medication Needed or Used (Including Psychiatric)					
				Currently Being Given	
Name	Frequency	Dosage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin, or other drugs), Bedwetting, Fainting, Sleep Walking, etc.					
Immunizations: Are the minor child (age 5 and older) immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For children under age five attending camp attach a certificate of immunization record and status of the minor child's immunizations or provide a written religious or other exemption waiver signed by a physician.					
Should the camper's activity be restricted because of any physical limitation or illness? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain degree of restriction:					
<input type="checkbox"/> Medical Emergency Care Authorization:			<input type="checkbox"/> For Religious Exemption:		
I hereby give permission to the children's camp to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp. By signing below, I authorize care.			I object to consent to receipt of emergency medical or surgical treatment, by signing below I attest that my child is in good health, and I assume the health responsibility for my child.		
I certify that this information is true to the best of my knowledge.		Authorized Person's Signature			Date
LARA is an equal opportunity employer/program.			Authority: PA 368 of 1978, PA 116 of 1973		