



Community Action Partnership Summer Camps

Child's Name: _____ DOB _____

Address _____ Zip _____

Age _____ Grade _____ School District _____

Male Female

Shirt Size:

Child: XS SM M L Adult: S M L XL 1X

Mother's Name _____

Home Phone _____ Work/Cell _____

Father's Name _____

Home Phone _____ Work/Cell _____

Legal Guardian:

Name _____ Phone _____

Relationship to child: ___Mother ___Father ___Custodian ___Grandparent

Name and ages of other siblings participating in the camp:

Emergency Contact Information:

Name _____ Phone _____

Relationship to Child _____

Alternate Contact Name _____ Phone _____

In case of life threatening accident preferred Hospital

Hospital _____

Family Doctor _____ Phone _____

Dentist _____ Phone _____

Please list any medical conditions or restrictions your child may suffer from (allergies, asthma, heart conditions, physical impairments etc...)

1. _____ Is medication required? Yes No

2. _____ Is medication required? Yes No

3. _____ Is medication required? Yes No

Are there any behavioral/learning issues we should be made aware of? Yes No

If yes, please describe:

Will you give permission for your child to be photographed or videotaped for the purpose of the camp and any of its activity or promotions? Yes No

I, the undersigned attest to the accuracy of the information I have provided. I understand this information will be kept in accordance with the privacy guidelines of this camp. Only those individuals involved with the operations of this camp will have access to this information.

Name (Please Print)

Date

Signature

Date

*All families must meet the following income guidelines or the categorical eligibility requirements before being accepted into the camp. See information below for eligibility requirements.

Annual Income

Size of family unit	200 Percent of Poverty
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020

Monthly Income

Size of family unit	200 Percent of Poverty
1	\$1,805
2	\$2,428
3	\$3,052
4	\$3,675
5	\$4,298
6	\$4,922
7	\$5,545
8	\$6,168

Annual income adjustment for family units with 8 or more members, add \$7,480.

Monthly income adjustment for family units with 8 or more members, add \$3,740.

Categorical Eligibility

Households receiving public assistance from (PRC, OWF, TANF, DA) are categorically eligible for services. However, these sources of income, and the amounts, must be documented.

_____ This customer is eligible for services based upon the documentation presented. ALL supporting documentation has been verified and is attached or available in the customer's file.

_____ This customer is **not** eligible for services based upon the documentation presented. ALL supporting documentation has been verified and is attached or available in the customer's file.

Staff signature

Date

Conditions of Enrollment

I give Community Action Partnership, their agents, representatives, employees and volunteers, my permission to take my child away from the Camp's grounds for all field trips, special events and/or group outings. I understand that I assume full responsibility for my child and his/her behavior during these activities.

I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have, as a result of my child's participation in the program, against Community Action Partnership, their agents, representatives, employees and volunteers.

I do hereby fully release and discharge Community Action Partnership, their agents, representatives, employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my child's participation in the program.

I do hereby give permission for Community Action Partnership, their agents, representatives, employees and volunteers to use photographic images and/or video footage of my child for promotional items (Newsletters, Flyers, etc.)

I further agree to indemnify, defend and hold harmless Community Action Partnership, their agents, representatives, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of this program.

I have read fully and fully understand this release form. Before registration in this program is valid, this release form must be signed by the participant's parent or legal guardian.

I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18) and represent and warrant that I am a parent or guardian authorized to execute this waiver and release on behalf of such minor.

Signature of Parent/ Guardian

Date



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