

RAMP
RAVENNA PARKS AND RECREATION
4 Week- SUMMER PLAYGROUND CAMP REGISTRATION 2021

Child's Name _____ Address _____
 City _____ Zip Code _____ Home Phone _____
 Age _____ Child's Birth Date ____ / ____ / ____ Current Grade _____ Parent's Birth Date ____ / ____ / ____
 Parent/Guardian's Name(First) _____ (Last) _____ Work-Phone. _____
 Cell Phone # _____ E-Mail Address _____ Male ____ Female ____
 I agree to receive text messages & email ____ Yes ____ No
 Parent/Guardian is a city taxpayer (live or work in **Ravenna City Limits**)? ____ Yes ____ No
 I do not live in Ravenna City Limits but work in the City? ____ Yes ____ No Workplace _____

Emergency Contact Person (Family, Friend, etc.):

First Name _____ Last Name _____ Phone # _____ Relationship _____
 Does child have any special needs or allergies? If yes, please explain

Will your child be taking any medications during Playground Camp hours (11:30am to 4:00pm) ex. sunscreen, bug spray etc.

____ Yes ____ No Medication: _____

T-shirt size: **(Circle)** YM (10-12) YL (14-16) AS AM AL
 AXL

PLAYGROUND CAMP ENDS AT 4:00 P.M.

Please list the names of five adults **including parents/guardians** who will be picking up your child. Please be prepared to show a photo I.D. before we can release your child. (Parents names can be on one line).

<u>NAME (PLEASE PRINT)</u>	<u>RELATIONSHIP</u>	<u>Phone #</u>
1. Parent/Guardian - _____	Parent / Guardian _____	_____
2. Emergency Contact - _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

If anyone other than the above-named individuals will be picking up your child, a call must be made to the Ravenna Parks and Recreation Department.

*** Permission to record and photograph child participating in activities:**

I hereby release Ravenna Parks and Recreation rights to my child's photo likeness. I understand this photograph may be edited and placed in publication and thereafter the photograph may be otherwise available. I agree to release, discharge and save harmless Ravenna Parks and Recreation, including its representatives or designees, from any legal proceedings, which may arise in relation to the conditions of the above paragraph.

Please check one:

____ Yes, I give my permission ____ No, do not photograph or record my child.



Parent or Guardian Signature

Date

AGREEMENT TO PARTICIPATE:

SIGNED CHILD/PARENT OR GUARDIAN, in consideration of the permission hereby granted to participate in this program, agree to assume the risks of any and all personal injuries to me/my child, or property damage, and to hold harmless the City of Ravenna, Ravenna Parks and Recreation Department, Ravenna School System, Community Action Council, or their agents, employees, and volunteers from any and all injuries or property damage arising from this program, and hereby release any and all claims of whatever nature arising there from.

SIGNED CHILD/PARENT OR GUARDIAN, in consideration of the permission hereby granted to participate in the program's field trips, agree to assume the risks of any and all personal injuries to me/my child, or property damage, and to hold harmless the City of Ravenna, Ravenna Parks and Recreation Department, Portage County Soil and Water Conservation, City of Ravenna Water and Sewer, Bill White Twin Star Lane, Portage Park District, Ravenna Police & Fire Departments, Wagon Trails Animal Park, Kent City Schools and Kent Roosevelt Pool, City of Kent and Kent Parks and Recreation, Crop Critters at Lake Farm Park, City of Cuyahoga Falls, Cuyahoga Falls Parks and Recreation, Cuyahoga Falls Water Works, Portage County Solid Waste Management, American Elite Unlimited, OH WOW Kids, Noah's Lost Ark, Jump Palace, Youngstown State University, Arms Museum, Akron Rubber Ducks, Cleveland Indians, City of Ravenna Water Treatment Plant and Lake Hodgeson, and Ravenna City Service Department, Ravenna Township Fire Department, Ma & Pa's Gift Shack, Geauga County Spray Grounds, Fun-n-Stuff, Ravenna School System and transportation department, and all other trip locations the playground campers will participate in that may not be listed. I understand that my child will be with a supervised group and will be transported via the Ravenna Senior Center's 22 passenger "Solitary Van" or a Ravenna School System bus or walk to the field trips.

SIGNED CHILD/PARENT OR GUARDIAN understand that they must pay all hospital and/or ambulance costs incurred. I further understand that if I/my child am/is injured, or the situation necessitates the calling of any medical services and the use thereof, I/my child hold(s) full responsibility for any liabilities arising out of these services, and will not hold the City of Ravenna, nor any constituent thereof, responsible. I/my child also grants permission for emergency first aid to be administered to him/her in case of injury incurred.

SIGNED CHILD/PARENT OR GUARDIAN agrees to obey all Rules & Regulations set forth by the Ravenna Parks and Recreation Department, Summer Playground Camp, Ravenna School District, and all trip locations (available upon request) and voluntarily agrees to participate in this program. CHILD/PARENT OR GUARDIAN are aware of the risks and potential dangers involved in the participation of this program and field trips and agree that they are physically and mentally fit and sufficiently trained to participate.

CHILD/PARENT OR GUARDIAN understands that the Ravenna Parks and Recreation Department is doing everything it can to provide safe and sanitary conditions for this program and field trips. It is possible to catch Covid-19 whenever you go out and socialize and you do not hold the city liable should this occur. CHILD/PARENT OR GUARDIAN understands that the Ravenna Parks and Recreation Department will not provide insurance coverage for this program or field trips. It is the responsibility of the parent to provide necessary coverage for their child. CHILD/PARENT OR GUARDIAN maintains that he/she has read this agreement and acknowledges responsibility for himself/herself/my child for all above statements.

SIGNATURE _____
(PARENT OR GUARDIAN OF PARTICIPANT)

DATE _____