



# OBETZ RESIDENT SUMMER CAMP 2023 REGISTRATION PACKET

6-8 Year Old Camp

June 12th- June 29<sup>th</sup>

Monday-Thursday 10am-2pm

9-11 Year Old Camp

July 10<sup>th</sup>-July 27<sup>th</sup>

Monday-Thursday 10am-2pm

Welcome to our Summer Camp! We are thrilled to offer your child a fun-filled experience that will create lasting memories. Our camp provides a safe and engaging environment where your child can participate in a variety of indoor and outdoor activities, including games, arts and crafts, free time, and field trips.

To ensure a smooth experience for all campers, we kindly ask that you only sign your children up if they can attend the majority or all of the camp dates. We understand that sometimes things come up unexpectedly, but please keep in mind that our camp is limited to only 14 kids. We would hate for a child to miss out if someone else could have taken their spot.

We also encourage kids to wear comfortable clothing that is easy to move in and okay to get dirty. It's important to pack a towel and a change of clothes, as well as a water bottle with their name on it and a sack lunch that does not require refrigeration. We also require closed-toed shoes for safety during outdoor activities.

We can't wait to see you and your child at our Summer Camp!

Enclosed are a few documents that will need to be read and completed in their entirety. Forms must be returned to the Community Center during business hours (Mon-Fri, 8:30am-5pm). Your child will not be able to participate in our program until these forms are turned in. **Camp will be open to residents only until May 17th. If spots are still open by May 18<sup>th</sup>, Registration will open to non-residents until full.**

REGISTER IN PERSON BY May 26<sup>TH</sup>  
AT THE OBETZ COMMUNITY CENTER  
1650 OBETZ AVENUE OBETZ, OHIO 43207

**FOR MORE INFORMATION, PLEASE CALL (614) 491-4546**

## PROCEDURES AND GUIDELINES



1. **Camp Location:** Camp will be spent in the Obetz Community Center and surrounding park. Parents will be notified of any field trips ahead of time and will be required to sign an authorization form for your child to attend camp that day. Address: 1650 Obetz Avenue Obetz, Ohio 43207
2. **Camp Hours** are 10:00AM-2:00PM Monday-Thursday
3. **Drop Off Procedure:**  
Children will be dropped off and picked up in the multi-purpose room of the Obetz Community Center each day of camp between the times below.  
DROP OFF: Between 10AM and 10:15AM  
PICK UP: Between 1:45PM and 2:00PM
4. Children will always stay with the group and will not be permitted to leave the grounds without permission from parent, director, or camp leader.
5. **Dress:** Children should wear loose, cool, and comfortable play clothing that can get messy. Closed toed shoes are required. Campers will spend a lot of time outdoors. Please send sunscreen and a water bottle with your child. Please make sure items are marked clearly with their first and last name. Campers are encouraged to bring a change of clothes. A couple of our camp days will be EXTREMELY messy and they will likely want to change after camp.
6. **Illness:** Parent or Guardian will be notified if child becomes ill or is injured during the day.
7. We are sharing space at the Community Center with our seniors and other community members. Therefore, children should not be running inside the building and “inside voices” must be used when indoors.
8. **Lunches:** Children will need to bring a sack lunch and a drink that is clearly marked with each child’s name. Lunches will not be refrigerated. Please avoid peanut products such as peanut butter for lunches as we typically have an allergy in the mix each year.
9. We encourage everyone to participate in all activities. If the child chooses not to participate in the group activity, he/she will *not* have an alternative activity to choose from. They may sit and watch. Each day we will have a craft, game, or sport that is age appropriate and safe for all the children.
10. Rules are created with the safety and wellbeing of the children in mind. Children are expected to follow the rules at all times.
11. **Discipline** will be handled in the following manner:
  - 1<sup>st</sup> incident: Verbal Warning
  - 2<sup>nd</sup> incident: “Time out”. Child will be separated from the group and must sit for one minute per year of age. Example: 7 years = 7 Minutes.
  - 3<sup>rd</sup> incident: Parent or Guardian notified.
  - 4<sup>th</sup> incident: Child will be removed from the program.
12. We ask that children do not bring extras from home. We will not be responsible for lost or stolen items.
13. **Electronics/Cell Phone Policy:** Campers are not permitted to bring electronics to camp. These items are a distraction to camp activities. If a child chooses to bring a cell phone for emergencies, it shall remain in their backpack for the duration of the day. Campers will not be permitted to use the electronics (phones, iPad, apple watch, etc.) during camp hours.

# JUNE 2023

MON	TUE	WED	THU	FRI	SAT	SUN
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
Field Day	Fun Science	Cooking	Trip: Splash Pad			
19	20	21	22	23	24	25
Giant Board Game	Cabin Carnival	Yuck Day	Trip: Blendon Woods Metro Park			
26	27	28	29	30		
Game Shows	Rainy Day Contingency	Rainy Day Contingency	Rainy Day Contingency			

# JULY 2023

MON	TUE	WED	THU	FRI	SAT	SUN
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
Field Day	Fun Science	Cooking	Trip: Splash Pad			
17	18	19	20	21	22	23
Giant Board Game	Cabin Carnival	Yuck Day	Trip: Blendon Woods Metro Park			
24	25	26	27	28	29	30
Game Shows	Rainy Day Contingency	Rainy Day Contingency	Rainy Day Contingency	Rainy Day		

# OBETZ RECREATION SERVICES AUTHORIZATION FOR CHILD PICK UP

Please check appropriate camp program(s) you are registering for:

Camp Programs			Check
6-8 Year Old Camp	June 12 <sup>th</sup> -29 <sup>th</sup>	Mon-Fri 10am-2pm	
9-11 Year Old Camp	July 10 <sup>th</sup> -July 27 <sup>th</sup>	Mon-Fri 10am-2pm	

Child Information:	
Full Name:	Date of Birth:
Age:	Male/Female:
School:	Last Grade Completed:
Address:	T-Shirt Size:

Parent or Guardian 1	
Full Name:	Relationship to Child:
Date of Birth:	Phone (H):
Phone (W):	Phone (C):
Address:	

Parent or Guardian 2	
Full Name:	Relationship to Child:
Date of Birth:	Phone (H):
Phone (W):	Phone (C):
Address:	

Authorized person(s) to pick up child (other than parent or guardian):	
Full Name:	Relationship to Child:
Date of Birth:	Phone (H):
Phone (W):	Phone (C):
Address:	

Family Password: \_\_\_\_\_

*(The password will be used in the event you want to make a change to your child's authorized list by telephone.)*

**AUTHORIZATION FOR CHILD TO SIGN IN OR OUT ON THEIR OWN** (Please Circle One): **Only for ages 9-11**

My Child  May sign **IN**, **OUT** or **BOTH** for this program on their own.

My Child  May **NOT** sign IN or OUT on their own.

I understand that it is my personal obligation to explain the sign in/sign out procedure to my child.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD MEDICAL INFORMATION**

*This information will remain confidential and will be filed with the City of Obetz Record Retention Program in accordance with Ohio Revised Code 149.39.*

Does the participant have any disabilities or physical conditions with which our staff should be familiar? Does your child require any accommodations, assistive devices or auxiliary aids? Does your child have an Attention Deficit, or Sensory Impairment, (i.e. vision, speech, and hearing)? Does your child have any allergies (to- bees - penicillin - foods - hay – other? Does he/she have a high level of sun sensitivity? Please list any and all concerns below:

The City of Obetz makes its programs and activities available on a nondiscriminatory basis. This information is requested to facilitate the City’s efforts to make individualized reasonable accommodations in compliance with the Americans with Disabilities Act and Ohio Civil Rights Act.

Please list *any and all* prescription medications (i.e. Ritalin) currently being taken. All campers with special needs are required to meet with a camp counselor to discuss specific medical needs during camp. Contact Kerri Duffy at [kduffy@obetz.oh.us](mailto:kduffy@obetz.oh.us) to set up a time to discuss.

**Date of Last Tetanus Booster:** \_\_\_\_\_

**In case of Emergency:** Please list 3 people who we should contact in case we cannot reach either parent or legal guardian by phone:

Full Name:	Phone:
Full Name:	Phone:
Full Name:	Phone:

In the event reasonable attempts to contact the authorized persons have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by emergency medical squad, Dr. \_\_\_\_\_ (preferred physician), or, in the event the designated practitioner is not available, by another licensed medical squad, physician or dentist, and the transfer of said child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSURANCE INFORMATION**

Is the camper covered by family medical/hospital insurance?  Yes  No

If yes, indicate Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**HEALTH HISTORY**

*Please know that we value your privacy. Health History information is available only to the camp health staff. The more information you provide, the better we can do our job. Thanks!*

Has the camper have a history of or is prone to any of the following (Please check all that apply).

- 1. Recent injury, illness or infectious disease
- 2. Chronic or recurring illness
- 3. Asthma
- 4. Homesickness
- 5. Frequent Ear Infections
- 6. Seizure Disorder or Convulsions
- 7. Dizziness during or after exercise
- 8. Chest pain during or after exercise
- 9. Heart Defect/Disease
- 10. Hypertension
- 11. Bleeding/Clotting Disorders
- 12. Diabetes
- 13. Mononucleosis (in last 12 months)
- 14. Chicken Pox
- 15. Measles
- 16. German Measles
- 17. Mumps
- 18. Tuberculosis
- 19. Hepatitis
- 20. Joint problems (knees, ankles)
- 21. Fractures
- 22. Frequent Headaches
- 23. Head Injury
- 24. Eating Disorder
- 25. Diarrhea or constipation
- 26 Frequent Stomachaches
- 27 Wears glasses or contacts
- 28 Been Hospitalized
- 29Wears a Medic Alert ID

Please list the number and provide explanation for any checked items

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**AUTHORIZATION**

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian X \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF OBETZ EVENT / ACTIVITY WAIVER AND RELEASE**

**LEGAL GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER THE AGE OF EIGHTEEN (18) YEARS.**

In consideration of my child or legal dependent being allowed to participate in the activity or event referenced below, I hereby, for myself, my child or legal dependent, and the heirs, executors, administrators, and assigns of myself and my child or legal dependent do hereby release, waive, and/or forever discharge The City of Obetz and its respective officers, officials, employees, volunteers, and agents, in their official and individual capacities, from any and all claims, demands and causes of action, suits of judgments of whatever kind of nature, known or unknown, foreseen or unforeseen , for that may be suffered by myself, my child’s, or legal dependent as a result of my child or legal dependent’s preparation for and/or participation in the activity or event referenced below. I recognize and voluntarily accept all risks associated with my child or legal dependent’s participation in the event, no matter how remote or unlikely. I understand that the activities involved with the event, include, but are not limited to outdoor recreational activities and field trips, which contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition and the actions and physical condition of my child or legal dependent.

As an adult with authority to sign on the child’s behalf, I take full responsibility for my child or legal dependent’s participation in this event and for the level at which I choose to enroll my child or legal dependent. My child or legal dependent has no impairment, physical or mental, that should preclude him/her/them from participating in this event at the level I choose. My child or legal dependent is physically fit and capable of participating in this event at the level I choose. My child or legal dependent has the requisite degree of skill, training, experience, or ability to participate in this activity or event at the level I choose. I understand that I can remove my child or legal dependent from participating in this activity or event at any time that I choose to do so. I recognize that it is my child or legal dependent’s personal responsibility to learn, prepare, understand, and obey the rules for this activity or event. The undersigned expressly agrees that the foregoing Waiver and Release of all claims is intended to be as broad and inclusive as it is permitted by the laws of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, not- withstanding, continue in full legal force and effect

**INDEMNIFICATION CLAUSE:**

I further agree to hold harmless, defend and indemnify the City of Obetz, it’s officials, employees, volunteers, and agents from any and all liability, claims, demands, rights, causes of action, suits or judgments of whatever kind or nature, known or unknown, foreseen or unforeseen resulting from, or in any manner arising out of any act, omission or negligence of myself or my minor child in connection with or in any way related to the event.

**ACKNOWLEDGMENTS:**

I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS EVENT WAIVER AND RELEASE.

I UNDERSTAND THAT BY SIGNING THIS EVENT WAIVER AND RELEASE I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS THAT MY MINOR CHILD AND I MAY HAVE AGAINST THE VILLAGE OF OBETZ. IF I AM THE SOLE SIGNOR OF THIS DOCUMENT, I ALSO REPRESENT THE POSITION OF MY CHILD’S OTHER PARENT OR LEGAL GUARDIAN, IF ANY, AND THAT I HAVE THE AUTHORITY TO SIGN, AND AM SIGNING ON HIS OR HER BEHALF.

\_\_\_\_\_

**Parent or Legal Guardian Signature**                      **Date: (MM/DD/YYYY)**



**PHOTOGRAPHY RELEASE:**

I hereby give my consent to the City of Obetz to photograph and then use, reproduce, and publish said images of myself and or my children during daily summer camp activities.

\_\_\_\_\_

**Parent or Legal Guardian Signature**                      **Date: (MM/DD/YYYY)**

**GUIDELINE AND PROCEDURES AGREEMENT**

I have read, understand, and agree to the Procedures and Guidelines page(s) given to me in this registration packet.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Parent / Guardian Field Trip Authorization Form

**Camper:**

**Camp:** 2022 Obetz Summer Kids Camp

**Destination:** Lancaster Park Splash Pad

**Date of Trip:** June 15, 2023 (6-8 year old camp)/ July 13, 2023 (9-11 year old camp)

**Departure Location:** Obetz Community Center, 1650 Obetz Ave Obetz, Ohio 43207

**Departure Time:** 10:50am

**Return Time:** 1:45pm

**Return Location:** Obetz Community Center 1650 Obetz Ave. Obetz, Ohio 43207

**Type of Transportation:** Driving- Bus/Van

**Activities involved in Trip:** Running, Jumping, Sun Exposure, Water Play

**Please Provide:** Packed Lunch & Sunscreen- Put in Ziploc bag with camper's name on it. Wear bathing suit under clothes to camp. Towel. Optional: Change of Clothes.

I have reviewed all of the above information. I have reviewed a list of expected activities and am aware of any special dangers and risks inherent in participating in this activity. I hereby give my permission for my son/daughter \_\_\_\_\_ (Name of Child) to participate in this activity. I approve the transportation plan as outlined. My signature reflects my knowledge of the details of the trip and its itinerary.

Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

# Parent / Guardian Field Trip Authorization Form

**Camper:**

**Camp:** 2022 Obetz Summer Kids Camp

**Destination:** Blendon Woods Metro Park

**Date of Trip:** June 20, 2023 (6-8 year old camp)/ July 22, 2023 (9-11 year old camp)

**Departure Location:** Obetz Community Center, 1650 Obetz Ave Obetz, Ohio 43207

**Departure Time:** 10:15am

**Return Time:** 1:30pm

**Return Location:** Obetz Community Center 1650 Obetz Ave. Obetz, Ohio 43207

**Type of Transportation:** Driving- Bus/Van

**Activities involved in Trip:** Walking, Climbing, Running, Jumping, Sun Exposure, Water Play, Nature Play

**Please Provide:** Packed Lunch & Sunscreen- Put in Ziploc bag with camper's name on it. Wear loose comfortable clothing and closed toed shoes.

I have reviewed all of the above information. I have reviewed a list of expected activities and am aware of any special dangers and risks inherent in participating in this activity. I hereby give my permission for my son/daughter \_\_\_\_\_ (Name of Child) to participate in this activity. I approve the transportation plan as outlined. My signature reflects my knowledge of the details of the trip and its itinerary.

Signature of Parent/Guardian:

Date: \_\_\_\_\_