

# Summer Day Camp

OTSEGO COUNTY  
at the **SPORTSPLEX**  
GAYLORD, MI

## REGISTRATION 2017

Child's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Day Time Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

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

Days/Weeks of Attendance (if known)\*: \_\_\_\_\_

\* The camp is 10 weeks Monday-Friday June 15<sup>th</sup> thru August 25<sup>th</sup>. There is NO camp the week of July 3<sup>rd</sup> thru July 7<sup>th</sup>

**PLEASE COMPLETELY FILL OUT** this form and the State of Michigan Child Information Record form that is attached or available at the Sportsplex and on our website. Both forms **MUST** be completed and returned to the Sportsplex before your child can attend the Summer Day Camp.

**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 and be named in photographs and/or videos in newspaper articles, and on the Sportsplex Facebook page. **\*\*Please check box for YES. \*\***

**\*\* 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 agree that PAYMENT is due by the end of every week my child attends Summer Day Camp.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_