



**Community for New Direction**  
*Changing Lives. Changing Communities.*

# Summer Day Camp

**June 25 – August 3, 2018**



**Ages:** 5 - 14

**Days:** Monday - Friday

**Hours:** 8:00 a.m. – 3:00 p.m.

Breakfast and lunch are provided.

**Activities include:** Swimming, Fishing, Arts & Crafts, Field Trips, Cultural & Educational Activities and MORE!

Registration begins Tuesday, May 29<sup>th</sup> at  
**993 E. Main Street — or — 2096 W. Mound Street**

**Cost:** \$30 per youth / \$90 for families of 3 or more

If you have questions, call (614) 272-1464

Visit us at [www.cndcolumbus.org](http://www.cndcolumbus.org)





# Summer Day Camp Registration Form

ID# \_\_\_\_\_

Child's Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

T-shirt size (check one)  Youth  Adult Size:  S  M  L  XL  2XL  3XL  4XL

Shoe Size (check one)  Youth  Adult Size of Shoe: \_\_\_\_\_

Race/Ethnicity:  African-American  Asian  Bi-racial  Hispanic/Latino  
 Native American  Somalian  White  Other: \_\_\_\_\_

School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(Please Print) (Relationship)

Allergies (please list) \_\_\_\_\_

Medications (please list) \_\_\_\_\_

Emergency contact \_\_\_\_\_  
(Please Print) (Relationship)

Address \_\_\_\_\_ Contact # \_\_\_\_\_

West Location Only: \*Transportation needed:  Yes  No \*Transportation is limited to a three mile radius from Hilltop Church of God. \*Checking yes does not guarantee transportation.

\*\*\*\*\*I understand that my child's participation in the CND program is voluntary. I also understand that CND is not responsible for any valuables your child brings to any CND program. \*\*\*\*\*

Parent/Guardian \_\_\_\_\_  
(Signature) (Date)

Staff \_\_\_\_\_  
(Signature) (Date)

FOR OFFICE USE ONLY		
<input type="checkbox"/> East Office	<input type="checkbox"/> South Office	<input type="checkbox"/> West Office
Date of Registration _____		Prior Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Master Permission Slip

I, \_\_\_\_\_ give my child \_\_\_\_\_ permission to attend all group scheduled and agency approved field trips. I understand that a flyer will be sent home at least two days prior to agency and community field trips. The flyer will state the place of the trip as well as the time of departure and the time of return.

If you agree to these terms initial here: \_\_\_\_\_

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### Medical Emergency Authorization

I give the staff of CND permission to seek medical attention for my child in case of an accident or medical emergency, including if deemed necessary at a licensed hospital facility. I am aware that a member of CND staff will contact me to inform me of such an emergency. The number or numbers that I can be reached in case of an emergency are:

\_\_\_\_\_ or \_\_\_\_\_

If you agree to these terms initial here: \_\_\_\_\_

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### Behavioral Contract

My child and I agree to the zero tolerance policy of the CND summer day camp. I understand that if my child fights, refuses to participate or is blatantly disrespectful with another child or staff, he/she will be sent home for the remainder of summer day camp. I fully understand that my registration fee will be forfeited.

If you agree to these terms initial here: \_\_\_\_\_

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### Videotaping Authorization Waiver and Image Release

I hereby authorize and consent to the videotaping, picture taking or recording of my child's image and voice for public display and dissemination. I voluntarily make this authorization and consent fully realizing that in granting my permission I consent to the use of said film, videotape, or photograph in such a manner as CND deems reasonable and necessary.

I hereby waive any right, claim or actions that I may have to receive payment, consideration, compensation or royalties for the use of my child's image and voice in all matters videotaped by CND. I also waive any right or claim of privacy that I may have incident to or arising out of production, creation, making, recording, public display or public dissemination, of said videotape or picture.

Furthermore, I, for myself, my heirs, executors, administrators, and assigns, forever discharge and hold harmless CND, their agents, and board of directors.

If you agree to these terms initial here: \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Date)

**Staff** \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Date)

# Pick-up/Drop-Off Form

## Participant Pick-Up Information

In the event that I am unable to pick up my child from Summer Day Camp, I give my permission for the following individuals to pick up my child:

Name	Relationship to participant	Phone Number
1.		
2.		
3.		

I do not want anyone other than myself to pick up my child/children.

## Participant Drop-off Information \* (For the offices where drop-off is offered)

In the event that I am unable to be home when my child is dropped off from CND's Summer Day Camp and all attempts to contact me have been utilized, I give my permission for CND to drop off my child at the following:

Name	Relationship to participant	Address	Phone Number
1.			
2.			
3.			

I do not want my child dropped with anyone.

Parent/Guardian \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Date)