



# Summer Day Camp REGISTRATION 2019

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

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

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

Day Time Phone#: \_\_\_\_\_ Cellphone#: \_\_\_\_\_

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

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

NOTES: \_\_\_\_\_

**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.

\*\* 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 upon registering my child for the above listed date/s**

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Otsego County Sportsplex 1250 Gornick Avenue, PO BOX 1886, Gaylord MI 49734  
989-731-3546 ~ fax#: 989-731-0958 ~ www.ocsportsplex.com



# CHILD INFORMATION RECORD

## State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Parent/Legal Guardian's Name			Home Phone (    )	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			Cell Phone (    )	Home Address (if not child's address)
City	State	Zip Code	City	State
Email Address (optional)			Email Address	
Employer Name			Work Phone (    )	Employer Name
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (    )	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	(    )	(    )
2.	(    )	(    )
3.	(    )	(    )
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	(    )	2. (    )
3.	(    )	4. (    )

<b>Parent/Legal Guardian Initials:</b>	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.	

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.