

2024 YOUTH SUMMER CAMP
PRESENTS

THE JUNGLE
ADVENTURE!

REGISTRATION NOW OPEN!

MONDAY - FRIDAY 9:00 AM - 3:00 PM

\$150/WEEK (ANNUAL MEMBERS) | \$235/WEEK (NON-MEMBERS)

BEFORE CARE
7:00 AM - 9:00 AM
\$25/WEEK

AFTER CARE
3:00 PM - 6:00 PM
\$50/WEEK

Session 1: June 3-7
Session 2: June 10-14
Session 3: June 17-21
Session 4: June 24-28
Session 5: July 1- 5*

Session 6: July 8-12
Session 7: July 15-19
Session 8: July 22-26
Session 9: July 29 - August 2
Session 10: August 5-9

FIELD TRIPS INCLUDED!



2024 PROGRAM GUIDE

3100 Glenwood Blvd, Reminderville, OH 44087
(234) 212-9773

Join us for a 10-week Jungle Adventure this Summer! Your child will enjoy fun jungle-themed games, crafts, movies, relays, sports activities, and more! Children ages 5-12 are eligible to participate. Completion of kindergarten is required. All children need to bring a bagged lunch. Space is limited, so sign up early! Maximum 30. Payment due in full at time of registration. No refunds permitted.

CAMP HOURS: 9:00 AM - 3:00 PM
BEFORE CARE: 7:00 AM - 9:00 AM AFTER CARE: 3:00 PM- 6:00 PM

CAMP WEEKLY FEES	
ANNUAL MEMBERS	\$150/Week
NON-MEMBERS	\$235/Week
BEFORE CARE	\$25/Week
AFTER CARE	\$50/Week

PLEASE SELECT CAMP T-SHIRT SIZE	
YS	
YM	
YL	
AS	

Please Select All Camp Sessions and Before/After Care your child will be participating in.

- Session 1: June 3-7 (Theme: Welcome to the Jungle)
- Session 2: June 10-14 (Theme: Safari Week)
- Session 3: June 17-21 (Theme: The Rainforest Adventure)
- Session 4: June 24-28 (Theme: The Jungle In Outer Space)
- Session 5: July 1-5 (Theme: Jungles Around the World) **Pro-rated*
**Closed July 4th*
- Session 6: July 8-12 (Theme: Explorers & Scientists)
- Session 7: July 15-19 (Theme: Dive into Ocean Week)
- Session 8: July 22-26 (Theme: Winter in the Tropics)
- Session 9: July 29-August 2 (Theme: Dinosaurs)
- Session 10: August 5-9 (Theme: Jungle Games and Sports)

- | | | |
|-----------------|--------------------------------------|-------------------------------------|
| June 3-7 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| June 10-14 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| June 17-21 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| June 24-28 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| *July 1-5 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 8-12 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 15-19 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 22-26 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 29 - Aug 2 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| August 5-9 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |

Camper Information

Camper Name: _____ DOB: _____

Address: _____

Email: _____ Primary Phone: _____

Check One: (): ANNUAL MEMBER (): NON-MEMBER

Classes may be cancelled if not enough registrants are signed up and the recreation department reserves the right to move class if deemed necessary.

Payment due in full at time of registration!

Refund Policy:

*Refunds may be given prior to the first class at the discretion of the director (each with a \$15 processing fee deducted).
no refunds will be given after the first class.*

BY MY SIGNATURE I UNDERSTAND THAT THE REMINDERVILLE ATHLETIC CLUB AND THE VILLAGE OF REMINDERVILLE, THEIR EMPLOYEES, VOLUNTEERS, INDEPENDENT CONTRACTORS AND SPONSORS WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES SUFFERED ON OR OFF THE PLAYING FIELD/COURT OR WHILE ENROUTE TO AND FROM EVENTS/GAMES/PROGRAMS/CLASSES. I UNDERSTAND NO SUPPLEMENTAL MEDICAL INSURANCE IS OFFERED AND ASSUME RESPONSIBILITY FOR ANY SUCH COSTS. I GIVE PERMISSION FOR OUR IMAGES TO BE USED BY THE RECREATION DEPARTMENT FOR BROCHURES, FLYERS, OR OUR WEBSITE UNLESS OTHERWISE SPECIFIED. I AGREE THAT OUR FAMILY WILL UPHOLD THE HIGHEST STANDARDS OF CONDUCT AND UNDERSTAND THAT THE RECREATION DEPARTMENT HAS THE AUTHORITY TO SUSPEND OR TERMINATE PARTICIPATION AND/OR BAN ATTENDANCE AT FACILITIES.

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

PLEASE PRINT NAME

DATE: -----



**3100 Glenwood Blvd, Reminderville, OH 44087
(234) 212-9773**

Emergency Information

Purpose: To enable parents/guardian to authorize the provision of emergency treatment for children who become ill or injured. The information requested is especially important if you cannot be reached or if you are out of town.

Student Name _____
LAST FIRST

Persons authorized to pick up my child

1. Name _____ Phone () _____ Relationship _____
2. Name _____ Phone () _____ Relationship _____
3. Name _____ Phone () _____ Relationship _____

Are there any persons who may not pick up your child? _____

Are there any special custody or visitation arrangements that we should be aware of?

If so, please provide written documentation.

Provide any additional information that may be helpful to the staff including allergies:

To Grant Consent

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably accessible and the administration of any treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for each surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian

Date

In consideration of your accepting myself, my child or my family's entry, I hereby, for myself, my child and my family, waive and release any and all rights and claims for damages we may have against the Village of Reminderville, their representatives, successors and assigns for any and all injuries suffered by myself, my child or my family in any activity sponsored by these groups. I do hereby grant and give these groups the right to use myself, child or family in photographs or images with or without myself, my child or family's name, both single and in conjunction with other persons or object for the purpose of advertising and publicity only. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Village of Reminderville harmless of and from any and all liability of whatever nature which may arise out of or result for such uses.

Mother/Guardian Name _____

Address _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Father/Guardian Name _____

Address _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Health

Any chronic health issues? _____

Any Allergies? _____

Any food not to be offered? _____

Any serious operations or hospitalizations? _____

Any difficulty hearing, speech or vision? _____

Taking any medication or supplements? _____ What? _____

Anything RAC Staff should be aware of? _____

ADDENDUM TO THE REMINDERVILLE ATHLETIC CLUB MEMBERSHIP AGREEMENT & RELEASE

This Addendum is hereby entered into by _____
(print member name) ("User") to supplement his/her/their original Reminderville Athletic Club ("RAC") Membership Agreement ("Agreement"), which is incorporated as if fully rewritten herein, on behalf of any/all person(s) included in the Agreement. There is currently a worldwide pandemic due to the novel coronavirus ("COVID-19"). COVID-19 is an extremely contagious disease that can lead to severe illness and death. An inherent risk of exposure to COVID-19 exists in any public place where people are present or have been present. The State of Ohio is under a State of Emergency and under multiple orders issued by the Ohio Department of Health. The Village of Reminderville ("Village") is not permitted under those orders to allow the use of the RAC facility unless it complies with those orders. To permit/authorize operations and use of the RAC during the State of Emergency, the Village and all users of Village facilities shall adhere to Centers for Disease Control and Prevention ("CDC") guidelines and Responsible Restart Ohio requirements, incorporated herein as "Exhibit A," and may be subsequently amended.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In consideration of use of the RAC as provided in the Agreement, User, on behalf of any/all person(s) included in the Agreement, agrees to assume all risks involved in use. User understands that an inherent risk of exposure to COVID-19 exists in any public place where people are present or have been present. User acknowledges that COVID-19 is an extremely contagious disease that can lead to severe illness and death. User voluntarily assumes all risks related to exposure to COVID-19, on behalf of User, any/all persons included in the Agreement, his/her/their heirs, executors, administrators, and assigns. User, on behalf of any/all person(s) included in the Agreement shall comply with CDC guidelines and Responsible Restart Ohio requirements (Exhibit A), and as may be subsequently amended. User acknowledges and understands that failure to comply will result in termination of his/her/their use of the RAC.

In consideration of use of the RAC as provided in the Agreement, on behalf of User, any/all person(s) included in the Agreement, his/her/their heirs, executors, administrators, and assigns, User does hereby release, discharge, indemnify, and hold harmless the City, its officers, employees, agents, and assigns from any and all liability, claims, costs, expenses, injuries, damages and/or losses User may sustain as a result of participation in the Agreement and use of the RAC.

USER: _____ **DATE:** _____

EMERGENCY MEDICAL AUTHORIZATION

School: _____

Student Name: _____ Birth Date: _____ Grade: _____

Address: _____ Telephone: _____

Purpose: *To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

Parent or Guardian Information:	Home Phone	Work Phone	Cell Phone	E-mail Address
Mother's Name: _____				
Father's Name: _____				
Alternate Contact Name: _____				
Address: _____	Relationship to child: _____			

PART I OR PART II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

- In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.
- This authorization 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 prior to the performance of such surgery.
- Pertinent health information will be shared with appropriate school staff only on a need-to-know basis.
- Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: _____

Date

Signature of Parent/Guardian

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, the school authorities may take the following action: _____

Date

Signature of Parent/Guardian