



This form must be completed and submitted to NTPRD prior to the program date. It may also be submitted with the Registration Form. The form may be mailed or dropped off in person to the address above. If information changes, it is your responsibility to submit an updated form.

Child's Name: _____ Birthdate: _____ Age: _____ Gender: _____
 Address: _____ City: _____ Zip: _____
 Parent/Guardian: _____ Phone: _____ Home Cell Work
 Email: _____ Phone: _____ Home Cell Work
 Emergency Contact: _____ Phone: _____ Home Cell Work
(other than above)

Health History Record

Please provide information in relation to any health conditions, behavioral concerns, dietary needs, medication or special needs. All information will remain confidential. Note: NTPRD/CCPD staff is not authorized to dispense any medication.

Is your child on medication? No Yes If yes, what? _____

Health Concerns (Check all that apply)

Asthma Inhaler? Diabetes Fainting Seizures
 Other: _____

Allergies (Check all that apply; specify allergen and the nature of reaction)

Animals/Insects _____ Medicine _____
 Food _____ Other _____
 Plants _____ Epi-pen? Yes No

Other Concerns (Check all that apply)

ADD/ADHD Communication Impairment Emotional Disorder Special Diet
 Autism Spectrum Disorder Developmentally Delayed Hearing Impairment Other
 Behavioral Disorder Down Syndrome Speech Impairment

Please provide any additional information to assist us in meeting the needs of your child including any special accommodations:

Family Doctor: _____ Phone: _____
 Family Dentist: _____ Phone: _____

Release Agreement

I, the undersigned, hereby assume all risks and hazards incidental to the conduct of activities and transportation to and from the National Trail Parks and Recreation District (NTPRD)/Clark County Park District (CCPD) while participating in registered programs. I do further hereby resolve, absolve, indemnify and hold harmless the NTPRD/CCPD, its Board, organizers, sponsors and instructors appointed by them.

I also grant the NTPRD/CCPD and the City of Springfield permission to publish in print, electronic or video format the likeness or image of myself or child. I release all claims against the NTPRD/CCPD and the City of Springfield with the respect to copyright ownership and publication, including any claim for compensation related to use of the materials.

Signature of Parent or Guardian: _____ Date: _____

Check All Camps Registered for Child

Trail Tots Art Camp Nature Camp Dino Adventure Camp Soccer Camp
 Camp Get Up & Go Lego Camp Mad Science Camp Sports Sampler Imagination Station
 Camp Kidstuff 1 Archeology Camp Camp Kidstuff 2 Rising Stars Theater Cheer Camp

National Trail Parks and Recreation District
1301 Mitchell Blvd
Springfield, Ohio 45503
937-328-7275

PICK-UP AND SIGN-OUT AUTHORIZATION FORM

Please list the people you authorize to pick-up and sign-out your child from National Trail Parks and Recreation District and Clark County Park District programs. Please inform these individuals that they will be required to present a photo ID when picking up the child. The individuals listed will also be contacted in the case of an emergency if the parent/guardian cannot be reached. This form will be kept on file for one year. Parents/Guardians are responsible for informing staff of any information changes or updates.

Child's Name _____

Child's Name _____

Child's Name _____

1. Name _____ Relation to Child _____

Phone (H) _____ Phone (C) _____

Address _____
Street City State Zip

2. Name _____ Relation to Child _____

Phone (H) _____ Phone (C) _____

Address _____
Street City State Zip

3. Name _____ Relation to Child _____

Phone (H) _____ Phone (C) _____

Address _____
Street City State Zip

Is there anyone who may NOT pick-up your child? _____

Are there any special custody or visitation arrangements which we should be aware of? Please attach a copy of legal documentation if necessary.

I understand that the NTPRD/CCPD Staff will not release my child to anyone who is not listed above. I also realize that the people on this list may be asked to produce photo identification upon signing out my child. In the event that any of this information changes, I will notify the NTPRD/CCPD staff in writing. Repeated abuse of late pick-ups may result in late fees or loss of privileges.

Parent/Guardian Signature

Date