

CITY OF INKSTER – Parks & Recreation Department

Summer Camp 2017 Registration and Medical Information Form

<p><u>BSB Basketball Clinic</u> Monday \$25 p/ Session Wednesday \$25 p/ Session Friday \$25 p/ Session</p>	<p><u>Math Camp</u> ___ Session 1 July 31-August 3 ___ Session 2 August 14-17</p>	<p><u>Nutrition Voyage & Pe-Nut</u> ___ Wednesday (Ages 11-13) ___ Thursday (Ages 6-11)</p>
<p><u>MAD Science Camp</u> ___ Session 1 July 5-7 ___ Session 2 July 25-28</p>	<p><u>MAN CODE Computer Camp</u> ___ July 10-20</p>	<p><u>Summer Youth Camp</u> ___ July 10 – September 1 \$75</p>
<p><u>Jr. Flag Football Camp</u> ___ Session 1 June 22-25 ___ Session 2 July 20-23</p>	<p><u>AbraKadoodle Art Camp</u> ___ Session 1 July 11-1 ___ Session 2 August 1-4</p>	<p><u>“Not Just Basketball” Camp</u> <i>(High School & College Players Only)</i> ___ Session I July 10 - 20 \$100 ___ Session II July 31 – Aug. 10 \$100</p>
<p><u>Frozen Momentz Photography</u> ___ Every Wed</p>	<p><u>Junior Master Gardener</u> ___ Every Tues. & Thurs.</p>	
<p><u>Divine Stand Dance Camp</u> ___ TBD \$40</p>	<p><u>Chess Camp</u> ___ Session 1 August 1-4 ___ Session 2 August 15-18</p>	
<p><u>I.F.I.T. Fitness</u> ___ Session 1 July 11-14 \$15 ___ Session 2 July 25-28 \$15 ___ Session 3 Aug 8-11 \$15</p>	<p><u>Challenge The Wind</u> ___ Session I July 17-28th \$35 ___ Session II July 31- August 11 \$35</p>	

AMOUNT COLLECTED
\$ _____
PAID: ___ Cash ___ M.O.
Collected by: _____
Date: _____
***Please turn in this completed and signed form to the Rec Complex Office. All payments must be made in Cash or with Money Orders

Circle Your Shirt Size*: YS / YM / YL / AS / AM / AL / AXL
Parents Can Order Shirts for an Add'l \$15.00 AS / AM / AL / AXL / XXL (+\$2) / XXXL (+\$2)

Camper's Name*: _____ Birth Date*: _____ M/F Grade: _____
Address: _____ City: _____ Zip: _____
Dad: _____ Mom: _____
Phone Number*: _____ Email*: _____
Emergency Contact and Phone Number*: _____
*Required Information

Camper's Health History:

Has your child had or does your child have any of the following medical difficulties? (If you answer YES to any please describe the problem and its implication for proper first aid treatment on the back of this sheet.)

Head Injury Y/ N	Allergies Y/ N	Shoulder Injury Y/ N	Fainting Spells Y/ N	Hernia Y/ N	Knee Injury Y/ N
Epilepsy Y/ N	Diabetes Y/ N	Broken Finger Y/ N	Neck/ Back Inj. Y/ N	Heart Murmur Y/ N	Broken Arm Y/ N
Kidney Prob. Y/ N	Poor Vision Y/ N	Asthma Y/ N	Poor Hearing Y/ N	High BP Y/ N	Neurological Cond. Y/ N

I understand that City of Inkster, Parks & Recreation Department, Partnering Organizations, staff and volunteers will not be held responsible for any injuries. I accept responsibility for any medical bills incurred, as well as costs for transportation by means of ambulance or motor vehicle to a hospital if necessary. By my/our signature I/we accept all the responsibility while my/our child is participating in summer youth camps and traveling to and from such activities.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I/we _____ and _____ do hereby state that we are the natural parents/legal guardians having legal custody of _____ a minor, age _____, born _____. I/we authorize an adult agent of the City of Inkster Parks & Recreation Program to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Michigan, when the need for such treatment is immediate, and when effort to contact me/us are/is unsuccessful.

X _____
SIGNATURE OF PARENT(S) GUARDIAN(S) **DATE**

CITY OF INKSTER

Mayor Byron Nolen
Councilman Timothy Williams
Councilman Connie Mitchell
Councilman Steven Chisolm
Councilman Clarence Oden
Councilwoman Kim Howard
Councilman Sandra Watley

CITY OF INKSTER Parks & Recreation

Commissioner Tonia Williams, Chairperson
Commissioner John White
Commissioner Lenardo Gambril
Commissioner Shelby Johnson
Commissioner Yolanda Lockett
Commissioner Vernell Massey-Moner
Commissioner Shirley Hankerson
Commissioner James Richardson, IV

Craig Lewis, Parks & Recreation Program Manager

DOZIER RECREATION COMPLEX
2025 MIDDLEBELT
INKSTER

734-728-7530

REGULAR HOURS

Wednesday – Saturday
10 AM – 7 PM

SUMMER PROGRAM HOURS

Monday – Thursday
10 AM – 3 PM

**Please refer to program schedule
for starting time of your camp.*