



CAMPERS NAME	=: <u></u>			
PHONE NUMBER	₹:			
ADDRESS:				
AGE:	GENDER:			
PLEASE CIRCLE	SHIRT SIZE			
YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE	ADULT SMALL	ADULT MEDIUM
ADULT LARGE	ADULT X-LARGE			
PARENT/GUARD	DIAN #1 NAME:			
WORK PHONE:_		_CELL PHONE:		
PARENT/GUARD	DIAN #2 NAME:			
WORK PHONE:_		CELL PHO	NE:	
) EMAIL:			
*MAY BE USED F	FOR PROGRAM UPD	OATES, CANCELLA	ATIONS, OR IMPO	ORTANT UPDATES
DAYTIME PHONI	E (WHERE CAN PAR	ENT BE REACHE	O):	
EMERGENCY CO	ONTACT IF PARENT	CAN'T BE REACH	ED:	
NAME:	PHONE NU	JMBER:		
RELATIONSHIP '	TO CAMPER:			
ADDITIONAL EM	ERGENCY CONTAC	T:		
NAME:	PHONE NUI	MBER::		
RELATIONSHIP '	TO CAMPER:			
	PERSONS AUTHO			
1	2			
3	4			

THE CITY OF RUSHVILLE PARKS DEPARTMENT SUMMER CAMP PERMISSION FORM

Initial on lines below	
I hereby grant permission for my	child to go explore Riverside park as part of camp
sessions, including walks to the river, wi	th supervision from camp staff and volunteers
I hereby grant permission for my	child to go to the splash pad with park staff and
volunteers	
I hereby grant permission for my	child to be included in pictures for use on social media
or for future flyers or camp advertisement	nts.
I understand that applying sunsc	reen and bug spray is NOT the responsibility of the park
staff or volunteers.	
By signing below, I agree that I have reaRULES AND REGULATIONS.	nd the attached IMPORTANT CAMP INFORMATION and
Parent signature	Date

CAMP REGISTRATION DEADLINE IS June 13th*

COST OF CAMP IS \$50 PER CAMPER

Make checks payable to City of Rushville Parks department

Mail forms to 119 W 16th Street, Rushville IN 46173

Or drop to Kim Rattz at the City Center

We can only accept cash or check

*Please contact Kathi Jackley at 765-969-5966 if you need financial assistance

The City of Rushville Parks Department 2025 Medical Authorization CAMPERS NAME: *PLEASE BE SURE TO LIST ALL FOOD ALLERGIES* (PLEASE FEEL FREE TO USE THE BACK OF SHEET IF YOU NEED MORE ROOM) MEDICAL ISSUES WE SHOULD BE AWARE OF: BEHAVIOR ISSUES WE SHOULD BE AWARE OF: ALLERGIES (INCLUDING FOOD) YOUR CHILD MAY HAVE:_._____ ACTIONS TO TAKE IN THE EVENT OF ALLERGIC REACTION MEDICATION YOUR CHILD TAKES: DATE OF LAST TETANUS SHOT: PHYSICIAN TO CONTACT IN EMERGENCY:_____ PHYSICIAN PHONE NUMBER: I hereby grant permission for The City Of Rushville Parks Department to take whatever steps may be necessary to obtain EMERGENCY medical care, if warranted. These steps may include, but are not limited to the following: 1. Contact parent or quardian 2. Contact child's physician 3. Contact primary parent or guardian through any of the emergency contacts listed 4. Contact 911 THE CITY OF RUSHVILLE PARKS DEPARTMENT WILL NOT BE HELD RESPONSIBLE FOR ANYTHING THAT HAPPENS AS A RESULT OF FALSE OR INCORRECT INFORMATION GIVEN ON THIS FORM. PARENT/GUARDIAN SIGNATURE:

DATE:

Important camp Information

- Camp registration deadline is June 7th. This is important for the planning of our camp and for us to order shirts. If you miss the deadline, you must talk to Kathi Jackley at the parks department. Please do not just drop off an application late without contacting Kathi.
- Checks can be made payable to The City of Rushville Parks department or cash is also accepted.
- All camp registration fees are non-refundable and non-transferable.
- Payment is due with registration
 - o If you need assistance with camp fees, please contact Kathi Jackley

Rules and regulations

- To ensure the safety of all campers, we expect the campers to conduct themselves in a safe and respectful manner. We will not tolerate bullying or roughhousing. We will do our best to correct behavior as it occurs. Repeat offenders may be required to be picked up from camp and possibly not allowed to return.
- Our camp is outdoors with our shelter being the open amphitheater at Rushville
 Riverside Park. We will be in the sun and exposed to insects. We plan to take nature
 walks during our time at camp. Please dress accordingly, including shoes that can get
 wet. *****Please note that we will have camp even if it rains but if we are expecting
 storms, we will do our best to contact all when and if we make a decision to cancel.
- We will go to the splash pad at least once during camp. This will be on the camp schedule that will be shared prior to camp.
- Friday July 12th will be a pool safety day followed by pool fun day. We will meet at the Waggner pool on this day.
- Camp hours are from 9 am to 2 pm. Please do not drop your child prior to 8:30 and plan to pick up by 2:30 at the latest.
- If you must drop off or pick up at times different than scheduled, please make sure Kathi Jackley is aware. Sign in and out is required for late drop off and pick up.
- Anyone picking up a child from camp must be on the registration form. If someone other than the parent is picking up the camper, please let us know.
- Additional pick up persons can only be added in person by the parent or guardian and not by phone, text, email or messenger.

*Park staff contact Kathi Jackley 765-969-5966

^{**}Please do not send your camper with a cell phone or electronic device

^{**}Please do not send personal or valuable items to camp. We can not be held responsible for such things.