

- Health Forms
- Child Pickup Release Form
- Refund/Credit Policy (see reverse side of this form)

CAMP FRIENDSHIP

City of Gahanna Department of Parks & Recreation

200 S. Hamilton Road

Gahanna, Ohio 43230

PH(614)342-4250 FAX(614)342-4351



Winter Camp

Session I – December 21, 22, 23 (3 days)

Session II – December 28, 29, 30, 31 (4 days)

	Class Times	R	NR
440901-A	8am-6pm	\$95	\$105

	Class Times	R	NR
440901-B	8am-6pm	\$125	\$135

Parent or Guardian Name	
First: _____	Last: _____
Address: _____	
City: _____	State: _____ Zip: _____
E-Mail: _____ Resident Status: Resident _____ Non-Resident _____	
Home Ph: _____ Work Ph: _____ Cell Ph: _____	
Child's Name _____	Child's Name _____
Birth Date _____	Birth Date _____
Child's Name _____	Child's Name _____
Birth Date _____	Birth Date _____

For and in consideration of the opportunity to participate in the above described Gahanna Department of Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.

___ I do not give my permission for photographs to be used.

Parent /Guardian Signature

Date

PLEASE COMPLETE BOTH SIDES

Refund and Credit Policy

WINTER CAMP

NO CREDITS, REFUNDS OR TRANSFERS WILL BE ISSUED AFTER DECEMBER 1, 2009.

Customer requested cancellations or transfers before December 1st are subject to department credits. Credits expire one year from the date issued. All customer requested cancellations and changes are subject to a \$25 administrative fee. This includes transferring from one week of camp to another. Customers using a household balance to register for a program will forfeit their credit if they choose to un-enroll in the program.

No credits or transfers will be issued for customer requested cancellations after December 1st; this includes missing any portion of camp due to vacation, schedule conflict, or any non-emergency situation. Refunds or credits for hardship situations can be requested by letter to the Director accompanied by proof. Hardship situations are defined as a job transfer of 25 miles or more away or serious medical condition.

Gahanna does not offer customer-requested refunds for any programs, including Winter Camp. Please see above for further clarification.

LAST MINUTE REGISTRATION FEE- Participants wishing to register for any class, including Winter Camp, within five business days of the start date will be required to pay AN ADDITIONAL \$10.00 above the resident/non-resident cost of the class. **Please register at least five business days before your class is scheduled to take advantage of the discounted class fee.**

I have read and agree to the City of Gahanna Department of Parks & Recreation Refund and Credit Policy

Customer Initials _____

<u>Session I – December 21, 22, 23 (3 days)</u>				<u>Session II – December 28, 29, 30, 31 (4 days)</u>			
440901-A	Class Times 8am-6pm	R \$95	NR \$105	440901-B	Class Times 8am-6pm	R \$125	NR \$135
# of children _____		X price week 1 _____		= _____		total week 1	
# of children _____		X price week 2 _____		= _____		total week 2	
				= _____ TOTAL FEES			

Payment Method:

Cash Money Order Money Order Number: _____

Check Check Number: _____

*Make checks /money orders payable to the **City of Gahanna***

Credit Card - Please bill my credit card (**circle one**):MC/Visa/AMEX/Discover:

Card Number Exp. Date

Signature of Cardholder