What is your child's T-Shirt Size? Please Indicate One

\square YS	\Box YM	$\Box YL$
$\Box YX$	$L \square A$	Adult S
□Adult	$\mathbf{M} \square A$	Adult L
□Adult X	Т. ПА	dult XXI

Lower Lights Ministries
2024 Bright Lights Day Camp

Office Use Only
ID
Status

Registration/Medical and Liability Release Form

To be completed IN FULL (turn over for more), signed by a parent or guardian, and <u>returned to Lower Lights Ministries</u> no later than June 10th.

All given information will be kept confidential.

While it is not necessary for your child to have a doctor's examination to participate, we strongly encourage it if:

- There has been no exam in the past 12 months.
- You have any doubts about your child's ability to participate in any activity.
- Your child has recently been hospitalized or treated, or if your child has been exposed to any communicable disease.
 If you do not currently have a family physician, you may be able to obtain a physical for a small fee at the Lower Lights Christian Health Center.

Gen	eral	Information				
Child	ďs N	lame:			Birth date:/	1
		First	Last	MI		
Age	:	Height:	Weight:		Gender: □Male □	Female
Last	con	npleted grade:	School	attended:		
		r reporting purposes only) E	thnic Origin □ African Amer	ican □Asian □La	tino □Native America	n 🗆 White
Moth	ner's	s/Guardian's name	Home I	Phone #	Alt. Phone #_	
Fath	er's	/Guardian's name	Home I	Phone #	Alt. Phone #_	
Cell	pho	ne/other	Email Address			
Chile	d res	sides with:Mother	FatherBothC	other		
Addı	ress	:				
		Street		City	State	Zip
Insu	ranc	e Provider:		Policy #:_	Phone #	
		Ooctor Name:				
If pa	rent	/guardian is not available in an	emergency, notify:			
NameRelationship				Phone		
Hea	lth F	listory				
1.	·					
2.	Has	s your child recently been in co	ntact with any communicable	e diseases?	□ Yes □ N	No
		If Yes, which disease	•		1	
3.	Doe	es your child have any serious				
4.		es your child have any allergies				
	0	Food allergies (please specif	•			
	0	Animals (please specify)	-, -			

	0	Insect stings (please specify)				
	o Penicillin or other drugs (please specify)					
	0	Other (please specify)				
<u>5</u> .	Doe	es your child carry any allergy medication? Yes No				
		f yes, provide details:				
3.		at was the date of your child's last tetanus shot?				
7.		pes your child have any physical handicaps or limitations?				
8.	Doe	es your child have any of the following conditions? Please check off and provide further information:				
		Diabetes □ Ear Infections □ Asthma □ Epilepsy □ ADD/ADHD □ Behavior Disorders				
		Nosebleeds □ Heart Trouble □ Fainting Spells □ Lice/Scabies □ Other				
۷۷۸	ition	al Dataile:				
		al Details:				
JOE	s yo	ur child take medications for any of the above conditions?				
١.	Doe	es your child need to take the medication during day camp time? Yes				
	Doe	es your child need to take the medication during day camp time? Yes No If yes, please contact the Day Camp coordinator for more information.				
0.	Doe	If yes, please contact the Day Camp coordinator for more information.				
0.	Doe	If yes, please contact the Day Camp coordinator for more information. es your child have:special needslearning needsphysical needsbehavior needs				
0. 1.	Doe Doe (G	If yes, please contact the Day Camp coordinator for more information. es your child have:special needslearning needsphysical needsbehavior needs es your child have a Columbus Parks and Recreation leisure card?				
0. 1.	Doe Doe (G	If yes, please contact the Day Camp coordinator for more information. es your child have:special needslearning needsphysical needsbehavior needs es your child have a Columbus Parks and Recreation leisure card?				
0. 1. 2.	Doe (G Is th	If yes, please contact the Day Camp coordinator for more information. es your child have:special needslearning needsphysical needsbehavior needs es your child have a Columbus Parks and Recreation leisure card?				
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0. 1. 2. ••••••••••••••••••••••••••••••••	Doe Doe (G	If yes, please contact the Day Camp coordinator for more information. es your child have:special needslearning needsphysical needsbehavior needs es your child have a Columbus Parks and Recreation leisure card?				
2.	Doe (G	If yes, please contact the Day Camp coordinator for more information. es your child have:special needslearning needsphysical needsbehavior needs es your child have a Columbus Parks and Recreation leisure card?				

Parental Authorization

I certify to my knowledge that the health history provided is accurate and that my child has not been exposed to any contagious disease within the last thirty days. I understand that in the event of an emergency or non-emergency situation in which medical treatment is required, every reasonable effort will be made to contact the person(s) listed in this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. I understand that Lower Lights Ministries and Lower Lights Community Church of the Nazarene will not be held liable for any accidents while my child participates in activities.

Consent/permission is given for child to engage in all prescribed camp activities, including outings and off-site trips except as noted by parent/guardian.

I also understand that if my child needs to be sent home for any reason (illness, injury, or disciplinary), I will be contacted at one of the numbers provided and will be responsible for any and all expenses incurred.

organization or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Print Name ______ Relationship to child _______ Date ______

Policies for Summer Camp

Attached are Lower Lights Ministries policies for lice, cell phone usage, and appropriate dress code. Initial below if you agree to these terms for your child(ren) to participate in Summer Camp.

I _______ agree to the Lower Lights Ministries policy for:

Lice ______ To follow CCS Dress Code _______

Print Name ______

Signature

Every activity sponsored by this organization is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in ministry-related social activities. They also agree not to hold this

Date _____

Bright Lights Kids Cell Phone Policy

Cell phones have many opportunities to be broken, lost, or stolen while at Summer Camp. Please be aware of this and know LLM holds no responsibility if something happens to your child's device.

Note:

- 1. Cell phones CAN be taken for the day if it becomes too much of a distraction to your student or to others. You will be notified if/when this occurs.
- 2. If you need to contact your child, please call our office or contact Aubrey via the Remind text. Lower Lights Office: 614-228-3855

Phones taken during camp will be safely stored for the duration of the day and will be returned at pick up. Again, if you need to reach your child, please call one of the numbers above.

Child(ren) Signatur	e		
Parent Signature _			

2024 Summer Day Camp CHILD PICK UP AUTHORIZATION

Child(ren):	
	Will be picked-up from the Summer Day Camp by
	Printed Name/Relationship to Child(ren)
out before the realize that Ave., Columbia NOT on	d & agree that the above individual must go to the child's leader and signe the child will be released. Should there be any changes in this arrangement I must inform a staff member of Lower Lights Ministries at 1066 Bellows abus, Ohio 43223. Children cannot and will not be released to anyone the above list without prior consent from parent/guardian. If so, an erson must present a photo identification.
	Printed Name/Signature/Relationship/Date
•	(ren) may walk home on their own. Lower Lights Ministrie will not be responsible for them once they leave the building
	Signature
	Date

Day Camp Field Trip Permission Slip

During Day Camp we will be taking campers on multiple field trips. Some trips will be out of Franklinton while others will be local.

This permission slip allows for your child(ren) to participate in all our field trips unless we are told otherwise. As each field trip approaches, there will be reminder notes sent home.

I Lights Day Camp field trips	permission for my child(ren) to participate in Lower		
Names:			
Print/Sign Name		Date	

Thanks! We are so excited to spend the summer exploring more of Franklinton and other parts of Columbus with your children!

Bright Lights Kids Staff



Lower Lights Summer Camp DRESS CODE

We have modeled our dress code after Columbus City School's Student Dress Code

- All clothing shall be within the bounds of decency and good taste as appropriate for school.
 Clothing shall be sufficient to conceal undergarments at all times.
- No sleep wear.
- No bare midriffs. As a test for appropriate length, no bare midsection shall be exposed when arms are raised above the head.
- Tops may not be low cut, off the shoulder or otherwise revealing.
 Tube tops, spaghetti strap tops, halter tops and/or any strapless top are not allowed
- No undershirts shall be worn as outerwear.
- Shirts must be worn at all times and must be sized appropriately so that they do not interfere with normal activities.
- Shorts, pants, and skirts shall have no writing across the seat area.
- Clothes may not be tight or form fitting.

Because we will be *very active*, <u>shoes must be worn at all times</u>. Slippers or bedroom shoes are not permitted. *Flip flops & beach shoes* may be worn on swimming days, but are not the best choice for walking to or from the pool.

- Commercial lettering or printing will be allowed on shirts and sweatshirts as long as it is acceptable for school attire.
- Clothing and jewelry shall be free of writing, pictures or any other insignia which are crude, vulgar, profane, sexually suggestive or which advocate negative racial, ethnic, gender or religious prejudice, or use or glorification of drugs, tobacco, alcohol or violence.
- Metal studded collars and chains hanging from clothing are not allowed.
- Hats, caps and other types of head covering (other than for religious purposes) shall not be worn inside buildings.
- •. Sunglasses are approved for wear outside, but not for inside the building.
- Students may wear shorts within the following guidelines:
 Shorts must reach mid-thigh, and must be worn to the waist. Sagging shorts are not allowed. Short shorts are not allowed, except with swimwear.
- Long pants are allowed for both boys and girls. The fullness of pants must not interfere with normal activities. All long pants must be proper waist size, length and leg size (no sagging; no oversized clothing).

^{*} **SWIMSUITS** Boys - must have properly fitting swimsuits with interior netting (no cut offs) Girls - one piece or "tankini" is recommended for camp.

^{*}please inform camp staff if your child is in need of a swimsuit or other clothing

Lower Lights Ministries 2024 Summer Day Camp

LICE POLICY

In order to promote the safety and well-being of all campers and staff this year, Lower Lights Ministries will implement the following policy concerning lice:

Weekly Screenings

- On random mornings, all campers will be screened by trained adults for the presence of head lice.
- If lice are found, the parent/guardian will be contacted to promptly pick up the student. While
 waiting for pick up, staff will, in a sensitive manner, separate the infected student from the other
 students.
- The student should be treated promptly with a lice treatment regimen and nit combing/removal. In addition, at home, floors, rugs, pillows, and upholstered furniture should be thoroughly vacuumed. Clothing, linen (including bedding) and cloth toys worn or handled by the student during the 2 days prior to diagnosis must be washed in water hotter than 130 degrees or dried for at least 20 minutes on the hottest temperature dryer setting. Other articles that cannot be washed should be placed in plastic bags for at least 10 days to kill the nits. Combs and brushes used on infected child should be immersed in water hotter than 130 degrees, Lysol, rubbing alcohol for one hour.
 - Please notify us if you are unable to obtain the necessary products to treat your child, as these <u>may</u> be available.
- Students will be allowed to return to day camp based on a "no lice" policy. This means that they can return the day after treatment. They must bring a note describing treatment, preferably from their physician. Staff will check the returning student to insure that no live lice are still present. Infected students will need to be carefully rechecked 7 days after treatment and again 14 days after treatment to ensure that no live lice have returned. If they do, the process will need to start over again. (If students require more than two treatments, they have a resistant infection and must see a physician. They will not be allowed to return until cleared as non-infectious by the doctor and able to return to the program.)

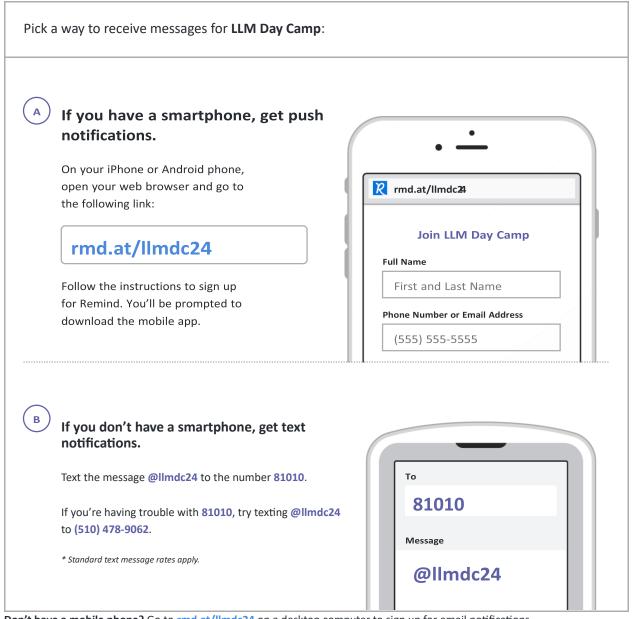
Lice Infection of a Camper not detected at a Screening

- Any camper known to have a lice infection will need to follow all of the same procedures as above whenever the infection is detected.
- In addition to the infected camper, any of the infected camper's housemates or siblings will also need to be checked by camp staff immediately to see if they also are also infected.



Sign up for important updates from A. Shaffer.

Get information for **LLM Day Camp** right on your phone—not on handouts.



Don't have a mobile phone? Go to rmd.at/llmdc24 on a desktop computer to sign up for email notifications.