

BOY SCOUTS
SUMMER
CAMP

2014



JUN. 5
-
AUG. 4

8:30am-10:00am early bird hours + fee

10:00am-6:00pm regular hours

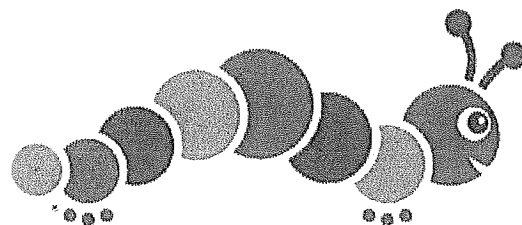
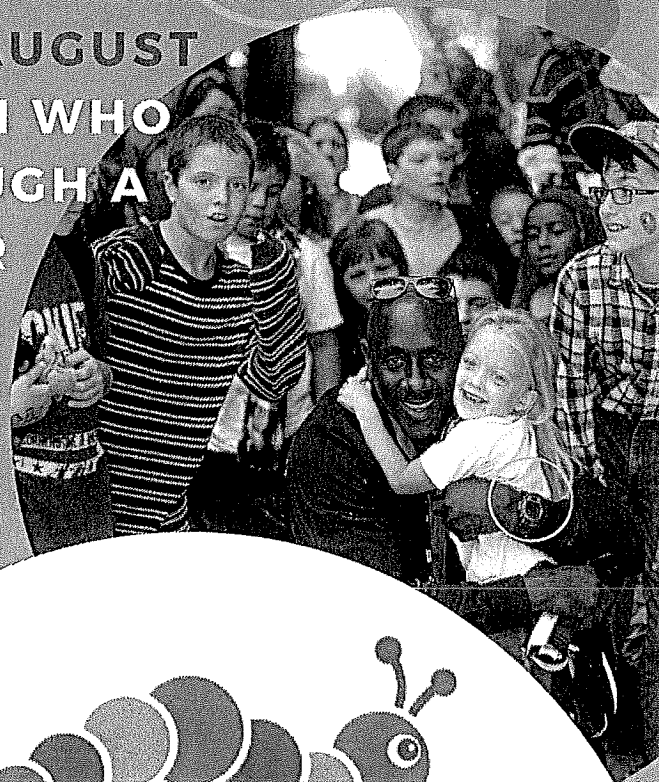
**ART. PLAY. STEM. LEADERSHIP.
RELATIONSHIP. SPORTS. FUN!**

Office Location: 4845 Smith Rd,
West Chester, OH 45069

Summer Location: inside of Liberty Junior
7055 Dutchland Blvd, Liberty Twp, OH 45044
513-860-1923 | www.bgcwcl.com

 @bgcwcl  bgcwcl

YOU ARE INVITED TO ATTEND A
FREE SUMMER CAMP AT CAMP
CAMPBELL GARD FROM AUGUST
6TH-11TH FOR CHILDREN WHO
ARE SUFFERING THROUGH A
PARENT'S CANCER



camp kesem.

at University of Cincinnati

*A child's friend through and beyond
a parent's cancer.*

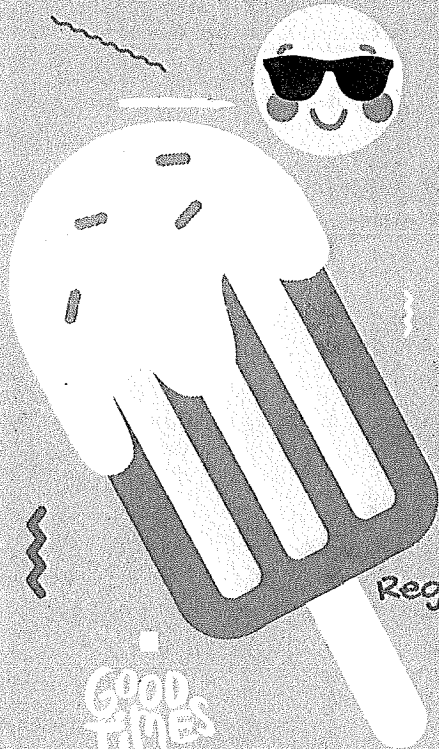
TO LEARN MORE CONTACT:
CINCINNATI@CAMPKESEM.ORG OR
CAMPKESEM.ORG/CINCINNATI



GBI Middletown &
21CCLC PRIDE Academy
presents

CAMP P.R.I.D.E

2019



SESSION 1: JUNE 5-30
SESSION 2: JULY 10-AUG. 4
MONDAY-FRIDAY
10AM-4PM

Wow!

\$35 PER
WEEK/CHILD

Registration Begins April 17th
Spaces Are Limited!

GOOD
TIMES

RSH Community Center
800 Lafayette Ave.
Middletown, OH
513-425-7866

enjoy
every
moment.



2017 Reds Rookie Success League Butler County Program – Waterworks Park

Participant Application Permission & Release Form

A **FREE**, four week* program for underserved children and families who would not normally be able to afford this type of program. Register online at www.reds.com/redsrookie or by completing this application. Return completed application to Rodney Hubbard at 6599 Creekside Way, Hamilton, OH 45011.



* Must commit to the entirety of the program

Questions- Phone: (513) 300-6221, Email: rrslbutler@reds.com

Reds Rookie Success League is intended for children ages 7-13. This program will be held Tuesdays and Wednesdays from 10:00 am until 1:00 pm beginning June 6th and ending June 28th at the Waterworks Park in Fairfield. A field trip day to a Reds game at Great American Ball Park will take place on June 21st with altered program times.

CHILD INFORMATION:

Child's First Name: _____ Child's Last Name: _____

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Birth Date: ____/____/____ Age (As of June 1, 2017) : _____ Gender: Male Female

T-Shirt Size: Youth Small Youth Medium Youth Large Youth XL Adult Small Adult Medium

What hand does your child throw with (usually dominant hand)?: Right Hand Left Hand

**Please list your 2 preferred YMCA, Boys & Girls Club, Schools or Community Centers:
(This is the location where your child will be picked up and dropped off; the sites you list are not guaranteed to be your ultimate pick-up location)**

1. _____ 2. _____

3. _____ Parent drop off

If you selected a Boys and Clubs Club or YMCA location, is your child registered for a program at that site? Yes No

DEMOGRAPHICS:

**** The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. ****

Ethnicity

- Black
- White
- Hispanic
- Asian
- Native American
- Appalachian
- Multi-Racial
- Other

Household Income

- under \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000 and above

Member Lives With/Household Type (check all that apply)

- Both Parents
- Single Parent Family
 - Mother
 - Father
- Guardian
- Grandparents
- Extended Family
- Foster Family
- Other: _____

Number of Individuals Living in Household: _____

Is member a U.S. Citizen? Yes No

If no, please list Nationality: _____

Is parent/guardian a member of the military? Yes No

If yes, which branch? _____

Does your child qualify for free or reduced-price meals at their school?

Yes No Program not offered Choose not to answer

Reds Community Fund Outreach Programs

Has your child previously participated in the following programs? (Please select all that apply)

- Reds Rookie Success League
- Reviving Baseball in Inner Cities (RBI Program)
- Match Program
- Reds Baseball Camps (reds.com/camps)
- Reds Youth Academy Clinics or Open Gym



2017 Reds Rookie Success League Butler County Program – Waterworks Park

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* Must commit to the entirety of the program

Questions- Phone: (513) 300-6221, Email: rrslbutler@reds.com

EMERGENCY CONTACT INFORMATION:

Who should be listed as the primary contact?: Father Mother Guardian Other _____

Father Name: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Mother Name: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Guardian Name: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Additional contacts if parents/guardians cannot be reached

Name: _____ Phone: _____ Relationship: _____

Authorized to pick up members from the site: Please note: Parents/guardians and additional contacts are automatically authorized to pick up children from the program. Only list other people who may be picking up participants.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

How would you like to receive important schedule notifications? Check all that apply

Email _____ Text messages if possible (sent to primary phone listed above) _____

(The Community Fund does not pay for text message charges that may be incurred by you for sending/receiving text messages. Check with your wireless carrier for possible charges.)

CONDITIONS OF REGISTRATION:

Emergency Medical Authorization

Registration or entry into the Reds Rookie Success League program constitutes agreement to the following conditions:

Food Allergies no yes Please specify _____

Please note that lunch will be provided each day of camp. If your child has special dietary needs/food allergies, you must send a lunch with them.

Other Allergies no yes Please specify _____

Medications no yes Please specify _____

Medical Conditions no yes Please specify _____

Other Issues or required assistive devices: _____

My child needs an accommodation because of disability to participate in or enjoy the program. (If yes, you will be contacted for additional information.) no yes

Consent and Approval of Medical Treatment: In the event my child is in need of medical attention, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician and, if necessary, the transfer and treatment of my child to the nearest medical facility.

****Signature of Parent/Guardian:** _____ **Date:** ____/____/____

OR

REFUSAL of Medical Treatment: I do not give my consent for medical treatment of my child. In the event of illness or injury requiring, medical attention, the Cincinnati Reds Community Fund shall take no action, or (if specified) to take the following action (specify action to take): _____

Signature of Parent/Guardian: _____ Date: ____/____/____



**2017 Reds Rookie Success League Butler County Program – Waterworks Park
Participant Application Permission & Release Form**



A **FREE**, four week* program for underserved children and families who would not normally be able to afford this type of program. Register online at www.reds.com/redsrookie or by completing this application. Return completed application to Rodney Hubbard at 6599 Creekside Way, Hamilton, OH 45011.

* Must commit to the entirety of the program

Questions- Phone: (513) 300-6221, Email: rrslbutler@reds.com

CONDITIONS OF REGISTRATION CONTINUED:

USE OF LIKENESS

I authorize the Cincinnati Reds Community Fund, The Cincinnati Reds LLC, the Cincinnati Recreation Commission, Boys and Girls Clubs of Greater Cincinnati, Cincinnati Public Schools, YMCA of Greater Cincinnati, City of Fairfield, The Joe Nuxhall Education Foundation to use my child's voice and likeness in any media now known or hereafter created, worldwide in perpetuity without further compensation. The aforementioned parties are not obligated to use any of the above mentioned materials, but may do so and may edit such information of materials in respective their sole discretion, without further obligation or compensation.

I have read fully and fully understand this release form. Before registration in this program is valid, this release form must be signed by the participant's parent or legal guardian.

****Signature of Parent/Guardian:** _____ **Date:** ____/____/____

LIABILITY RELEASE, WAIVER AND COVENANT NOT TO SUE

I hereby represent and warrant that I am the parent/legal guardian of _____ (insert Child's Name). I further represent and warrant that I am at least eighteen (18) years of age. My child is in good physical and mental health and does not suffer from any mental or physical condition or disability which may render his/her participation in the 2016 Reds Rookie Success League and associated activities, including all baseball activities and field trips (collectively the "Activities"), hazardous to myself or to others or which may impair his/her ability to participate in the Activities.

I further acknowledge and agree that none of the Released Parties (as defined below) has any obligation or responsibility to evaluate my child's physical condition or any limitations associated with his/her participation in the Activities.

I UNDERSTAND AND AGREE THAT MY CHILD IS PARTICIPATING IN THE ACTIVITIES AT HIS/HER OWN RISK. ON MY BEHALF AND ON BEHALF OF MY CHILD, I EXPRESSLY ASSUME ALL RISK OF INJURY (INCLUDING PERMANENT DISABILITY AND DEATH) ARISING OUT OF HIS/HER PARTICIPATION IN THE ACTIVITIES, HOWSOEVER CAUSED OR ARISING AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING ANY SUCH INJURY, PERMANENT DISABILITY OR DEATH.

In consideration of my child's participation in the Activities, I hereby release, hold harmless, and agree to indemnify The Cincinnati Reds LLC, the Cincinnati Reds Community Fund, the City of Cincinnati, the Cincinnati Recreation Commission, Boys and Girls Clubs of Greater Cincinnati, Cincinnati Public Schools, YMCA of Cincinnati, City of Fairfield, Water Works Park, The Joe Nuxhall Character Education Foundation, Tri-Health and their respective owners, affiliates, subsidiaries, members, directors, officers, employees, volunteers and agents (collectively, the "Released Parties") from and against any and all claims, causes of action, or demands relating to or arising out of my child's participation in the Activities.

IN ADDITION, ON MY BEHALF AND ON BEHALF OF MY CHILD, I HEREBY WAIVE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT I MAY HAVE ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.

ON MY BEHALF AND ON BEHALF OF MY CHILD, I FURTHER COVENANT AND AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY CLAIMS OR DAMAGES ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.

By signing below, I acknowledge that I have carefully read and understand the information stated above.

****Signature of Parent/Guardian:** _____ **Date:** ____/____/____

IMPORTANT PROGRAM INFORMATION:

BUTLER LOCATION-

June 7-June 29, Tuesdays and Wednesdays, 10:00 am to 1:00 pm
Waterworks Park (5133 Groh Lane, Fairfield, OH 45014)

Two special dates with unique experiences and different program times that will be announced when program begins:

June 21- Field trip to Great American Ball Park (program times will be adjusted to better meet the field trip experience)
TBD- Hamilton Joes game

Please note that lunch will be provided each day of camp. If your child has special dietary needs/food allergies, you must send a lunch with them.

2017 Reds Rookie Success League Field Trip Permission Slip

Child's First Name _____ Last Name _____

Age _____ Pick-up Site _____

Reds Rookie Success League: Butler

Event: Great American Ballpark Experience

Where: Great American Ballpark (100 Joe Nuxhall Way Cincinnati, OH 45202)

When: 10:00-1:00* (tentative timing) Wednesday, June 21st, 2017

Trip specifics (will send more accurate/detailed specifics home with children during the program):

- All Reds Rookie recreational outlets / bus pick up points will be bused to GABP by 10:00 am, Wednesday, June 21st.
- Bus routes may be changed to earlier this day and will be announced in advance of field trip date.
- Kids, coaches, and staff in attendance must wear their Reds Rookie T-shirt so we can easily identify the large group.
- **Kids will leave the ballpark by 1:00 p.m.**
- Lunch will be provided for each participant.

My child (First) _____ (Last) _____ has my permission to attend the field trip to Great American Ballpark on June 21, 2017 (the "Field Trip").

I recognize that there are certain risks of injury as a result of my child's participation in the Field Trip. I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with the Field Trip.

I do hereby fully release and discharge The Cincinnati Reds LLC, Reds Community Fund, City of Cincinnati, YMCA of Greater Cincinnati, Boys & Girls Club of Greater Cincinnati, City of Fairfield, The Joe Nuxhall Character Education Foundation, and the Cincinnati Recreation Commission their agents, employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my child's participation in the Field Trip.

I have read fully and fully understand this release form.

I hereby execute this waiver and release on behalf of the named minor and represent and warrant that I am at least 18 years of age and the parent or guardian authorized to execute this waiver and release on behalf of such minor.

Signature of Parent/Guardian: _____ Date: _____

Please mail this completed application to:

Rodney Hubbard
6599 Creekside Way
Hamilton, OH 45011

Phone: (513) 300-6221

Email: rrslbutler@reds.com



Camp Scholarship Application

We are pleased that you are applying for a scholarship at the Fitton Center for Creative Arts! We are committed to fostering talent and creative expression by making arts education available to the members of our community. This scholarship fund was created in order to give those of all ages, skill levels and backgrounds with immediate financial need an opportunity to experience arts education at the Fitton Center.

Please mail or fax application form by deadline to:

Fitton Center for Creative Arts
Attn: Director of Education
101 S. Monument Ave
Hamilton, OH 45011
OR fax to 513 863-8865

Please read the following guidelines carefully before submitting your application.

- In order to be considered for a camp scholarship, this packet must be submitted by the dates listed. Scholarships are not guaranteed and are awarded based on available funds and the discretion of the Fitton Center for Creative Arts.
- Due to the high volume of applicants and limited funding, camp scholarships are limited to one per student per year. **Note:** Each student is eligible to apply for one summer camp scholarship **AND** one class scholarship per year. Please complete a separate form for classes.
- Please be aware that your awarded camp may be cancelled due to inadequate enrollment. We will notify you if this occurs and will attempt to place you in another camp week, but cannot guarantee an alternative placement.
- Students who receive a scholarship, but fail to regularly attend camp or drop out without contacting the Director of Education will not be eligible for future scholarships. If there is an emergency situation, you are required to notify the Director of Education to be considered for future scholarships.
- If you have any questions regarding the Fitton Center's Education Scholarship Program, please call the Director of Education at (513) 863-8873 ext.132 or email at kate@fittoncenter.org.



Summer Camp Creativity 2016 Scholarship Application Form

Camp scholarships are limited to one per student per year. Please print clearly.

Application Deadlines:
June Camps (WEEKS 1-3): Due June 9, 2017
July Camps (WEEKS 4-6): Due July 7, 2017
Please see camp brochure or website for camp dates and details

Student Name

Date of Birth

Age

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Street Address

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Phone Number

E-mail Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

School (if applicable)

PRINT Parent / Guardian Name (if student is under age

Relationship to student

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please answer the following questions.

1.) Please tell us about your financial need for a Camp Creativity scholarship.

2.) Why is your child interested in attending Camp Creativity?

3.) Have you received a Fitton Center Scholarship in the past? If so, for which class or camp?

4.) How did you hear about this scholarship program?

After reviewing the Summer 2017 camp listings either from the printed class brochure available at the Fitton Center or online at www.fittoncenter.org, please list your top three camp choices with "1" being your first choice:

1. Camp Name _____

Session Dates _____

2. Camp Name _____

Session Dates _____

3. Camp Name _____

Session Dates _____

FITTON CENTER PARTICIPANT WAIVER

By registering for a class, workshop or camp held at the Fitton Center for Creative Arts, including any other groups offering classes sanctioned by the Fitton Center, and in consideration of our acceptance of you or your child(ren's) enrollment(s), you hereby for yourself, your heirs, executors, and administrators, waive and release any and all rights and claims for damages you or your child(ren) may have against the Fitton Center and its representatives, successors and assigns for any and all injuries suffered by you or your child(ren) during any class, workshop, camp or other activity sponsored by the Fitton Center, whether held on its premises or at an outside location.

In addition, you do hereby grant and give Fitton Center the right to use your name and/or child(ren's) name(s) and/or photos either singly or in conjunction with other persons or objects, for promotional purposes including, but not limited to private or public presentations, advertising, publicity and promotions relating thereto.



Fitton Center Scholarship Letter of Agreement

This letter must be returned with your scholarship application in order to be considered for a scholarship. Please read carefully.

I, _____, understand that if a scholarship
(print parent/guardian name)
is awarded to my child, it is my responsibility to ensure that my child attends all
scheduled days of camp. I understand that there is a high volume of applicants
and that other students may be on a waiting list for placement. **I understand that
if my child fails to regularly attend camp or drops out without prior notification, my
child will not be considered for scholarships in the future.** I am submitting this
scholarship application packet with the understanding that my child can attend
all classes requested.

PRINT Scholarship Applicant Name (Parent/Guardian if under 18):

Scholarship Applicant Signature (Parent/Guardian signature if under 18):

Date: _____

Dear Parent/Guardian:

This summer "SAFETY TOWN" will mark its 45th season as an asset to the City of Hamilton and the Butler County area. Your child will be instructed by Hamilton Police Officer Kristy Collins in areas such as pedestrian, vehicle, and school bus safety, dealing with strangers, and fire safety.

We offer weekly sessions with classes beginning on Monday and ending on Friday. These sessions include classroom instruction and driving kett-cars in a simulated village at Safety Town. On Wednesday, the children take a school bus trip to the Hamilton Fire Department and finish with a graduation ceremony on Friday.

Safety Town is offered to children ages 4 & 5 only, and there will be **NO REGISTRATION FEE**.

Fill in the registration form and mail, e-mail, or bring this form to the Greater Hamilton Safety Council, 400 N Erie Blvd. Hamilton, Ohio 45011. Session hours are 10:00 a.m. till 12:00 p.m. There are only 36 openings for each session. The sessions are assigned on a first come basis.

**SAFETY TOWN CLASSES ARE HELD AT
OFFICER BOB GENTRY PARK
NEILAN BLVD. & WILLIAMS AVENUE**

**"SAFETY TOWN"
FUNDED BY**

CITY OF HAMILTON

THE LINDENWALD KIWANIS

"OFFICER BOB" MEMORIAL FUND

2017 REGISTRATION FORM

(PLEASE PRINT)

Child's Name: _____

Address: _____

City: _____ Phone: _____

Age: _____ Birthday: _____ T-Shirt size _____

Parent/Guardian: _____

Mark as: 1st, 2nd, 3rd Choice

Dates: June 12-16 () June 19-23 ()

June 26-June 30 () July 10-14 () July 17-21 ()

PLEASE READ -We will contact you and let you know for which session your child is registered... Children must be potty trained.

I give consent for my child to attend the SAFETY TOWN program and realize that my child will be transported to the fire station in a school bus provided by Hamilton City Schools.

If your child has a medical condition then a parent or guardian must stay at Safety Town during your child's session.

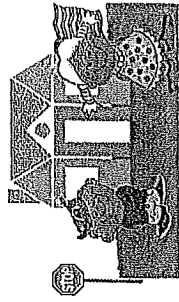
I will not hold any organization associated with Safety Town responsible for any unforeseen events.

Signed: _____
(Signature of Parent or Guardian)

SAFETY TOWN IS FREE BUT DONATIONS ARE APPRECIATED

**GREATER HAMILTON SAFETY COUNCIL
400 N ERIE BLVD.
HAMILTON, OH 45011
PHONE (513) 896-5333- FAX (513) 896-5334**

GTRHAMSC@HAMILTONSAFETY.COM



GREATER HAMILTON SAFETY COUNCIL

THANKS TO OUR SPONSORS:

MC DONALD'S PAWS

LEVAJO, INC. DBA-MCDONALDS

FLUB'S ICE CREAM

HAMILTON COMMUNITY FOUNDATION

R.A. STEMPPLEY PAVING

RICHARD'S PIZZA

CONNAUGHTON FENCE CO.

Attention: 4 and 5 year olds

SAFETY TOWN
OUR 45TH YEAR

