



2019 SUMMER DAY CAMP

“All-in-One” Form

Please complete both sides of this form in its entirety

1st Child's Name: _____

Below, please indicate which weeks your child will be attending camp with either an **✓** or **X**.

Age: _____
 DOB: _____
 Gender: _____
 T-shirt Size: _____

Week	1	2	3	4	5	6	7	8	9	10
Week of:	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5
BC										
C										
AC										

Swimming Ability (circle)
 None / Fair / Good / Great

Before Care (BC) 7:30a-9a | Day Camp (C) 9a-3p | After Care (AC) 3p-5:30p

2nd Child's Name: _____

Below, please indicate which weeks your child will be attending camp with either an **✓** or **X**.

Age: _____
 DOB: _____
 Gender: _____
 T-shirt Size: _____

Week	1	2	3	4	5	6	7	8	9	10
Week of:	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5
BC										
C										
AC										

Swimming Ability (circle)
 None / Fair / Good / Great

Before Care (BC) 7:30a-9a | Day Camp (C) 9a-3p | After Care (AC) 3p-5:30p

3rd Child's Name: _____

Below, please indicate which weeks your child will be attending camp with either an **✓** or **X**.

Age: _____
 DOB: _____
 Gender: _____
 T-shirt Size: _____

Week	1	2	3	4	5	6	7	8	9	10
Week of:	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5
BC										
C										
AC										

Swimming Ability (circle)
 None / Fair / Good / Great

Before Care (BC) 7:30a-9a | Day Camp (C) 9a-3p | After Care (AC) 3p-5:30p

I give permission for **sunscreen** to be applied to my child(ren) daily: Yes No

I give permission for **itch cream** to be applied to my child(ren), if necessary: Yes No

I give permission for **bug spray** to be applied to my child(ren), if necessary: Yes No

CAMPER REGISTRATION

PERMANENT ADDRESS:

Child's Home Address: _____

City: _____ State: _____ Zip Code: _____

1st Parent/Guardian Name: _____ 2nd Parent/Guardian Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

MEDICATIONS & BEHAVIORAL CONCERNS: *(please list anything we should know)*

Child 1: _____ Medication/Concern: _____

Child 2: _____ Medication/Concern: _____

Child 3: _____ Medication/Concern: _____

PHYSICIAN INFORMATION:

Doctor's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Hospital: _____ Phone (if different from above): _____

For all children? **Y** or **N** *(if no, attach additional information to this form)*

IN CASE OF EMERGENCY, NOTIFY:

1. Name: _____ Phone: _____
Relationship: _____

2. Name: _____ Phone: _____
Relationship: _____

3. Name: _____ Phone: _____
Relationship: _____

AUTHORIZED RELEASE:

The following people **may** pick up my child(ren) *(please list first name, last name, & relationship to child)*

The following people **may not** pick up my child(ren) *(please list first name, last name, & relationship to child)*

PLEASE SIGN BELOW

I, the parent or legal guardian of the participant in the program sponsored by the City of Streetsboro, am aware that there are certain risks of injury involved in any activity, on or off site, including field trips. Bearing in mind and with full knowledge of the physical capabilities or limitations of my child, I hereby agree to assume all risk of injury or damage of property for myself/my child. I further agree to identify and hold harmless the City of Streetsboro, their directors, administrators, or employees against any liability claim for injury to persons or property which may result from my child's participation in this activity. Also, I agree that I/my child will abide by the rules set forth by Streetsboro Parks & Recreation. I grant permission for my child to be photographed or video taped for newspapers, official web sites, etc. I may rescind my permission in writing at any time. This information is an official document of the City of Streetsboro and I accept responsibility for the accuracy of this information. I understand that any falsification thereon may subject the applicant to civil and or criminal penalties, which may include fines and/or forfeiture of fees. **By signing below, I give my permission for my child(ren) to attend ALL field trips and special activities. I understand that ALL field trips and special activities may be subject to change.** I have carefully read this agreement and fully understand its contents. I am aware that signing this agreement constitutes a release of liability and I sign it of my own free will.

Parent/Guardian Signature: _____

Date: _____