

# 2017 SUMMER DAY CAMP

June 12—August 4

SPONSORED BY:  
THE CITY OF YOUNGSTOWN  
DEPARTMENT OF  
PARKS & RECREATION  
(330) 742-8711

For all children ages 5-17



Pre-Register at City Hall, 1st Floor  
8:00 a.m. to 4:00 p.m.  
June 1—9

Must have social security card and  
medical card.



## FREE PROGRAM WITH FREE FIELD TRIPS TO:

CLEVELAND INDIANS GAME

CARNEGIE SCIENCE CENTER

LIVING TREASURES

CHUCK E. CHEESE

AUSTINTOWN SKATE

MAHONING VALLEY LANES

OH WOW! CHILDREN'S MUSEUM

YOUNGSTOWN NEIGHBORHOOD-

DEVELOPMENT CORPORATION



## DAY CAMP

### SITES:

JOHN WHITE

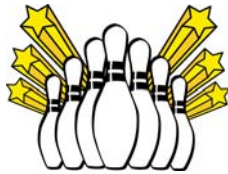
GLENWOOD

HOMESTEAD

CRANDALL

LYNN

MVSD



PROGRAM ALSO INCLUDES:  
PRIZES, T-SHIRTS, TRACK & FIELD DAY,  
ARTS & CRAFTS, DOUBLE DUTCH, SOFTBALL,  
BASKETBALL, FOOTBALL, VOLLEYBALL,  
KICKBALL & END OF THE YEAR PICNIC

SPECIAL GUESTS:  
CITY OF YOUNGSTOWN HEALTH DISTRICT  
YOUNGSTOWN RUGBY



ALL SITES  
FULLY STAFFED

OPEN MON—FRI  
10:00 A.M.—5:00 P.M.

FREE BREAKFAST  
AND LUNCH

USDA IS AN EQUAL  
OPPORTUNITY PROVIDER  
& EMPLOYER

# 2017 SUMMER DAY CAMP PROGRAM REGISTRATION FORM

PLAYGROUND SELECTED: \_\_\_\_\_

NOTE: The City of Youngstown Park Department operates 6 summer day camp sites:

South Side: Glenwood, Lynn, Homestead

East Side: John White

North Side: Crandall

West Side: MVSD

## CAMPERS INFORMATION

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ (Circle One) Male or Female

Race: (Please circle one) African-American - Caucasian - Hispanic - Indian - Other

Social Security #: \_\_\_\_\_ School Camper Attends : \_\_\_\_\_

Family Income: (Please circle one) Very Low - Low - Medium - High

If the family has a medical card, please provide that #: \_\_\_\_\_

Does camper have any allergies to foods: \_\_\_\_\_

Please list any medications camper is currently taking: \_\_\_\_\_

Is camper up-to-date with all immunizations: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there anything special about your camper we should know about? \_\_\_\_\_

## CAMPERS EMERGENCY CONTACT PERSONS:

	<u>NAME</u>	<u>PHONE #'S</u>	<u>RELATIONSHIP TO CAMPER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do all of your emergency contacts have permission to pick your child up from the park?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please explain)

In case of an emergency or sudden illness, do we have your permission to take your camper to the doctor or the emergency room? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

(Please Print)

Parent/Guardian Daytime Phone #(s): Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and sign back

## WAIVER STATEMENT

All participants must have their own medical coverage. Participation will not be allowed unless proper medical insurance information is submitted in the "Medical Insurance Section" and the "Waiver Statement" is signed by the parent or legal guardian of the participant. I/We, the undersigned, for ourselves, our heirs, executors, and administrators agree to hold the City of Youngstown, all employees, volunteers, and instructors harmless from any injury my child may incur while involved with any camp activities and waive, release, and forever discharge all named from any and all rights and claims for damages to person and property activities while participating in camp activities or resulting from camp activities. My child is physically fit to take part in all camp-related activities. I/We hereby give the City of Youngstown employees, volunteers, instructors, and emergency personnel permission to render such medical and hospital care that in their judgement necessary for my child in the event of an injury, illness, or accident. I/We agree to bear the cost of any treatment such performed.

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**Participant/Campers Printed Name**

**Date**

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**Parent/Legal Guardian's Printed Name**

**Date**

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**Parent/Legal Guardian's Signature**

**Date**