



KIDS SUMMER CAMP

FREE

**FREE PROGRAM FOR KIDS AGES 5-17
OPERATES WEEKDAYS FROM MID-JUNE TO MID-AUGUST
INCLUDES ACTIVITIES, SPORTS AND FIELD-TRIPS
FREE BREAKFAST AND LUNCH PROVIDED
ADULT SUPERVISED ENVIRONMENT**

HOW TO SIGN UP!

**PRINT OFF APPLICATION ONLINE OR
APPLICATIONS WILL BE AT EACH LOCATION**



BRING APPLICATION TO ONE OF THE FOLLOWING LOCATIONS:

**1) EUGENIA ATKINSON RECREATION CENTER
903 OTIS STREET YOUNGSTOWN OHIO 44510
MONDAY-FRIDAY 9:00-4:00 PM
SATURDAY 12:00-3:00 PM**

**2) CITY HALL (PARKS DEPARTMENT)
26 S PHELPS ST YOUNGSTOWN OH 44503
MONDAY-FRIDAY 8:00-4:00 PM**

**PLEASE CONTACT
(330) 742-8711
FOR ANY QUESTIONS**



2024 SUMMER DAY CAMP REGISTRATION FORM



CAMPERS INFORMATION:

Name: Date of Birth:

Full Address:

Child Shirt Size: Gender:

Race: Social Security #:

Camper's School:

Insurance Card #:

Note: This prompt is required just in camper has to be taken to emergency room

Please list any allergies:

Please list any medications camper is currently taking:

Is camper up to date with all immunizations? Yes No

Does camper have any special accommodations?

Would you like to enroll camper in FREE swimming lessons offered by the YMCA?

Circle: YES or NO

PARENT/GUARDIAN INFORMATION:

NAME:

CELL PHONE:

WORK PHONE:

NAME:

CELL PHONE:

WORK PHONE:

CAMPERS EMERGENCY CONTACT(S): (Must have at least 2)

| NAME: | PHONE #: | RELATIONSHIP TO CAMPER: |
|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are all of your designated emergency contacts authorized to pick up the camper from both the park and any other activity location?

Circle: YES or NO

If no, please list who is not authorized: _____

Participant Waiver and Release of Liability

I, [Parent/Guardian's Name] _____, on behalf of [Participant's Name],
_____ acknowledge and agree to the following:

1. Medical Coverage Requirement: Participants must have valid medical insurance.
2. Assumption of Risk: I understand and accept the inherent risks associated with camp activities.
3. Waiver and Release: I waive all claims against the City of Youngstown and its affiliates for any injuries or damages during camp activities.
4. Hold Harmless Agreement: I agree to hold the City of Youngstown harmless from any liabilities arising from the participant's actions.
5. Fitness Representation: I confirm the participant is physically fit for camp activities.
6. Consent: I authorize emergency medical treatment if necessary.

I have read and understand this waiver and release of liability and agree to its terms.

Participant's Name (Printed): _____

Parent/Guardian's Name (Printed): _____

Date: _____