



# **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 case 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): \_\_\_\_\_

Parent/Guardian's Name Signature : \_\_\_\_\_

Date: \_\_\_\_\_