



FREE!

KIDS SUMMER CAMP

HOW TO SIGN UP!

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

BRING APPLICATION TO ONE OF THE FOLLOWING LOCATIONS:

**1) SUMMER CAMP OFFICE (OLD FIRE STATION)
3025 SOUTH AVENUE YOUNGSTOWN 44502
MON DAY-THURSDAY 4:30-6:30 PM**

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

2023 SUMMER DAY CAMP PROGRAM REGISTRATION FORM

PLAYGROUND SELECTED: _____

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

South Side: **Homestead**

North Side: **Wick Park and Crandall Park**

Enroll/Permission for Child to participate in FREE Swimming Lessons offered by YMCA? YES ___ NO ___

CAMPERS INFORMATION

Name of Camper: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Home Phone #: _____ (Circle One) Male or Female

Child's Shirt Size: _____ Child's Shoe Size: _____

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: (Camp won't dispense meds) _____

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: (Must have at least 2)

<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.

Participant/Campers Printed Name

Date

Parent/Legal Guardian's Printed Name

Date

Parent/Legal Guardian's Signature

Date