

# Twinsburg Summer Camp—CAMPER INFO SHEET

Please Return Form to [TwinsburgYSC@TWINSBURG.oh.us](mailto:TwinsburgYSC@TWINSBURG.oh.us)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt Size: YS      YM      YL      AS      AM      AL

Swimming Ability:    None      Fair      Good      Great

At the end of regular camp, my child is:      Parent Pick Up      Afternoon Rec

**Medications & Behavioral Issues** (please list anything we should know & what works best for your child):

.....

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt Size:    YS      YM      YL      AS      AM      AL

Swimming Ability:    None      Fair      Good      Great

At the end of regular camp, my child is:      Parent Pick Up      Afternoon Rec      Home on Bus

*If camper is taking the bus home, which bus do they ride:*      Red      Blue      Green      Purple

**Medications & Behavioral Issues** (please list anything we should know & what works best for your child):

.....

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt Size:    YS      YM      YL      AS      AM      AL

Swimming Ability:    None      Fair      Good      Great

At the end of regular camp, my child is:      Parent Pick Up      Afternoon Rec      Home on Bus

*If camper is taking the bus home, which bus do they ride:*      Red      Blue      Green      Purple

**Medications & Behavioral Issues** (please list anything we should know & what works best for your child):

.....

# CAMPER INFO SHEET

Parent /Guardian Name(s): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Best Phone Number to call if we need to get ahold of you (list cell number if possible):**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

.....  
**List any people who may or may not pick up your child(ren) at dismissal.**

The following people **may** pick up my child(ren)  
*(must include a note each time this person will pick up your child(ren)):*

Names: \_\_\_\_\_

\_\_\_\_\_

The following people **may not** pick up my child(ren):

Names: \_\_\_\_\_

.....

## PLEASE SIGN BELOW

I, the participant, or legal guardian of the participant in the program sponsored by the City of Twinsburg, am aware that there are certain risks of injury involved in any activity. Bearing in mind and with full knowledge of the physical capabilities or limitations of myself/my child, I hereby agree to assume for myself/my child such risk of injury. I further agree to indemnify and hold harmless the City of Twinsburg, their administrators, employees or agents against any claim for injury to persons or property which may result from myself/my child's participation in this activity. I further agree that I/my child will abide by the rules and supervision of the City of Twinsburg for newspapers, grant proposals, official web sites, etc. I may rescind my permission at any time. No compensation will be given. This information is an official document of the City of Twinsburg. 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 children to attend ALL field trips and special activities listed on the camp website and parent handbook.** This information is provided on a voluntary basis for the benefit of my children and myself. I accept responsibility for the accuracy of this information.

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