

Twinsburg Summer Camp—CAMPER INFO SHEET

Last Name: _____ **First Name:** _____

Age: _____ **Date of Birth:** _____ **Gender:** _____

T-shirt Size: YS YM YL AS AM AL

Swimming Ability: (Choose One) Shallow End ONLY No Swim Restrictions

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: (Choose One) Shallow End ONLY No Swim Restrictions

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: (Choose One) Shallow End ONLY No Swim Restrictions

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):

CAMPER INFO SHEET

Parent /Guardian Name(s): _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Mobile Phone: _____

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: _____