



Akron
Urban League

*Empowering Communities.
Changing Lives.*

SUMMER DAY CAMP

2018

REGISTRATION AND ENROLLMENT FORM



AKRON URBAN LEAGUE, INC.

SUMMER ENRICHMENT DAY CAMP REGISTRATION AND ENROLLMENT FORM

June 11, 2018 – August 03, 2018

Children’s Names (please include first, middle initial and last names)

	Sex	Birth Date	Grade (as of Sept. 2018)	T-Shirt Size (Please Circle)
1. _____	M / F	____/____/____	_____	Child/Adult SML
2. _____	M / F	____/____/____	_____	Child/Adult SML
3. _____	M / F	____/____/____	_____	Child/Adult SML
4. _____	M / F	____/____/____	_____	Child/Adult SML

**** Child MUST be 5 years of age before attending camp** **8 week session** _____ **4 week session** _____
Home Address and Profile Information **A B**

Parent or Guardian Name _____ Relationship _____

Address _____ City _____ Zip code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

Emergency Information:

Contact Name: _____ **Relationship:** _____

Home Phone: _____ Work Phone: _____

Contact Name: _____ **Relationship:** _____

Home Phone: _____ Work Phone: _____

Contact Name: _____ **Relationship:** _____

Home Phone: _____ Work Phone: _____

List of Authorized Individuals Who May Pick up Child(ren) in addition to Parent/Guardian:

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Please place an "X" by those activities you give permission for participation:

I give permission for my child(ren) to participate in the following Summer Day Camp Activities:

Gym ___ Computer ___ Park ___ Outdoor ___ Video ___ Swimming ___ Gardening ___

Permission forms and Agreements:

My child has permission to (please initial each line)

_____ Accompany his or her group on walking trips within the camp vicinity.

_____ Participate in swimming activities held in the indoor swimming facilities.

_____ My child is a _____ swimmer or a _____ non-swimmer

_____ Be photographed for Akron Urban League publications, newspapers, and promotional materials for the Day Camp Program.

Child's Health Record:

The Akron Urban League is not permitted to distribute medication. Please ensure that your child(ren) receive their last dosage at home.

Allergies (list all allergies affecting the child and any special precautions or treatments indicated for these allergies)

Medications or Food Supplements (List all medications or food supplements currently being administered to the child)

Dietary Restrictions (list all modified dietary restrictions affecting the child)

Chronic physical problems (list all chronic physical problems affecting the child)

History of hospitalizations (list dates of all hospitalizations of the child)

Diseases (list all diseases the child has had)

Additional Information

Physician and Dentist Information:

Physician's Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Dentist's Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Procedure to be followed in case of an emergency:

The agency will notify those named in the emergency section of the application to come to the aid of the child. The agency will attempt to ascertain – from the parent, guardian or relative – what treatment shall be administered and by whom. The agency, a parent, guardian or relative will transport the child to the nearest area hospital, dentist, etc., if necessary. A parent, guardian or relative will meet the child and agency representative at the site of treatment to comfort the child and claim financial responsibility. The Akron Urban League will take every possible precaution to avoid injury in all activities.

Parent/Guardian Signature _____ Date _____



Office Use ONLY

NOTE TO STAFF: DO NOT ACCEPT PAPERWORK WITHOUT DEPOSITS PAID. REGISTRATIONS ARE NOT CONSIDERED COMPLETE WITHOUT THIS.

All lines on form are complete (front & back) _____ Date _____ Staff Initials _____

Amount Paid: _____ Date _____ Staff Initials _____

Initial Deposit: _____ Date: _____

Initial Deposit: _____ Date: _____

Payment Amount: _____ Date: _____

Payment Amount: _____ Date: _____

Payment Amount: _____ Date: _____

Payment Amount: _____ Date: _____

Payment Amount: _____ Date: _____