



Akron Urban League

AKRON URBAN LEAGUE, INC.
SUMMER ENRICHMENT DAY CAMP REGISTRATION AND ENROLLMENT FORM
June 5, 2019 – July 26, 2019

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

Table with 5 columns: Name, Sex, Birth Date, Grade, T-Shirt Size. Rows 1-4 for child registration.

** Child MUST be 5 years of age before attending camp

Home Address and Profile Information

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 (two entries)

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

Name, Relationship (three entries)

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 (please circle)**

_____ Be photographed for Akron Urban League publications, newspapers, videos and promotional materials for the 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.

Please List and specify **child(ren)** that has any Allergies, Medications, Food Supplements, or Dietary Restrictions.

Name: _____ Specifications: _____

Name: _____ Specifications: _____

Name: _____ Specifications: _____

Name: _____ Specifications: _____

List any Chronic physical problems or Diseases that the child(ren) has encountered.

Additional Information: _____

Physician and Dentist Information:

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

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 _____