



# City of Mentor Parks & Recreation Camp Information & Emergency Form

Please print and complete this form and bring it with you the first day of each camp your child attends. If your child will attend THE SAME camp more than one week, only one form is necessary, but please update us if your information changes.

**CAMP NAME** \_\_\_\_\_ **START DATE** \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering in September, 2012 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Please tell us about your child:**

Swimming Ability:                      Beginner              Intermediate              Advanced

Interests: (list) \_\_\_\_\_

Allergies - List Known Allergies \_\_\_\_\_

Restrictions (food, activity, etc) \_\_\_\_\_

Use this space to provide any additional information about the participant about which our camp staff should be aware (medications, behavior, peer-related, etc):

**My child is authorized to be picked up by the following person(s) from camp:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Who will pick this child up from camp on most/all days:    Mother    Father    Other (List) \_\_\_\_\_

**Civic Center Day Camp Campers Only:**

Is this child attending Cool Down Camp at the Civic Arena?    Yes    No    *(Must be registered with Cool Down Camp one week in advance to attend)*

**If parents are not available in an emergency, notify:**

Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If your child needs to take medication during the day, please give the **exact** amount needed for the week to the camp director / head counselor. Written instructions concerning dosage are required. Counselors dispense medications. Any changes in this information need to be given to the head counselor **in writing**.

Questions? Call the Recreation Department at (440) 974-5720.