## Franke Park Day Camp 2023 Advanced Camper Registration Form



Please use a separate registration form for each camper. Advanced campers may also register on-line at www.fortwayneparks.org.

PLEASE PRINT			RECREATION	
Camper's Name	Sex:   M  F  Date of Birth	Age	Grade (23-24)	
Parent/Guardian	Phone # (h)	(cell)		
Address	City	State	Zip	
Parent/Guardian E-Mail Address				
Junior Leader	Counselor-In-Training (C.I.	<b>T.</b> ) Are you a first-year	ır CIT? □ Yes □ No	
(12 years old)  Junior Leaders may register for only	(13-18 years old)  Please check the session(s) you wish to	C 11 1	Please list two references (cannot be a relative, family member or day camp employee):	
one camp session per season.  Please indicate your 1st, 2nd and 3rd choice.	Session/Dates         Code           □ #1 June 5-9         349400W           □ #2 June 12-16         349400W	2		
Session/Dates Code #1 June 5-9 349300W1	□ #3 June 19-23 349400W	Title or Relationsh	ip to Camper	
#2 June 12-16 349300W2 #3 June 19-23 349300W3 #4 June 26-30 349300W4 #5 July 10-14 349300W5	□ #4 June 26-30 349400W □ #5 July 10-14 349400W □ #6 July 17-21 349400W	5 Phone #	Best time to call	
#6 July 17-21 349300W6	☐ If these are full, place in any available	session. Name		
☐ If these are full, place in any available session.	Camp Fee: \$105 per week	Title or Relationsh	ip to Camper	
☐ AM Camp Care (\$25)	\$420 flat fee for 5-6 weeks	Phone #	Best time to call	
☐ PM Camp Care (\$25)  Camp Fee: \$125 per week	TOTAL FEES DUE: \$		ot complete until references ferences are not favorable,	
TOTAL FEES DUE: \$		your registration		
	o Board of Park Commissioners or charge to		ver or AmEx. AmEx □Scholarship	
Ι Ψ	\ \ \ \ - \ \ \ \		•	
Credit Card Number			CVV Security Code	
Name as printed on card		Expires	s (mo/yr)	
HEALTH INFORMATION				
	e2 (single) Alleggies Heavy Trankle Dick	atas Fullanau Asthus C	Savahural Dalay, Canagar, AIDC	
Does camper have any of the following health condition:  Physical/Mental/Emotional Disabilities:			eredrai Paisy Cancer Aids	
Please describe in detail reactions/care/instructions rega				
Trease describe in detail reactions/early instructions regu	ranis the health conditions cheed above of t	<u>-</u>		
Date of most recent tetanus shot: Recent injuries:		Current Medication	s:	
Physician's Name: Telephone Number:		Hospital Preference:		
Emergency Contact (if parent cannot be reached):				
Alternate Emergency Number(s):				
Any special medical instructions in the event you canno	t be reached in an emergency:			
I, as legal guardian representing a minor participant, agr cidents, injuries, losses of and/or damage to his/her per of certain risks of possible dangers associated with parti	son or property that may arise out of his/her	participation in or presence a	t the above activity(s). I am aware	

Date:

Parent/Guardian Signature: