FORT WAYNE PARKS AND RECREATION

2019 REGISTRATION FORM for Franke Park, Farmin' Fun & City Safari Day Camps

Please use a separate registration form for each camper.

Camper's Name_____ Sex: ☐ M ☐ F Date of Birth_____ Age_____Grade (2019-20) _____

Parent/Guardian_____ Phone # (h)_____ (w)_____ (cell)_____

Address_____ City_____ State_____ Zip_____

E-Mail Address_____

Franke Park Day Camp

Campers may register for only one camp session per season.

Please indicate 1st, 2nd and 3rd choice.

Session/Dates	Age 4-5	Age 6-11
#1 June 10-14	____W1	____W1
#2 June 17-21	____W2	____W2
#3 June 24-28	____W3	____W3
#4 July 8-12	____W4	____W4
#5 July 15-19	____W5	____W5
#6 July 22-26	____W6	____W6

☐ If these are full, place in any available session.

Camp Care (ages 6-11 only)
☐ AM $25 (W1-W6) ☐ PM $25 (W1-W6)

Camp Fee: $93

FRANKE CAMP FEES: $ _____

I would like to be in the same group as:

_____

_____

_____

Farmin' Fun Day Camp

Check session(s) you wish to attend.

Session/Dates	Ages 4-5	Age 5	Ages 6-11	FIT 12+	CIT 13-18
#1 June 10-14	☐W1	☐W1	☐W1	☐W1	☐W1
#2 June 17-21	☐W2	☐W2	☐W2	☐W2	☐W2
#3 June 24-28	☐W3	☐W3	☐W3	☐W3	☐W3
#4 July 8-12	☐W4	☐W4	☐W4	☐W4	☐W4
#5 July 15-19	☐W5	☐W5	☐W5	☐W5	☐W5
#6 July 22-26	☐W6	☐W6	☐W6	☐W6	☐W6

☐AM Camp Care: $25 (W1-W6)
☐PM Camp Care: $25 (W1-W6)

Camp Fee: Ages 4-5 $57 FIT. 11+ $85
Age 5 $90 CIT 13-18 $70
Ages 6-10 $90

FARMIN' FUN CAMP FEES: $_____

I would like to be in the same group as:

_____

_____

_____

_____

City Safari Summer Day Camp

Check session(s) you wish to attend.

Session/Dates	Grades 1-6
#1 June 10-14	☐W1
#2 June 17-21	☐W2
#3 June 24-28	☐W3
#4 July 8-12	☐W4
#5 July 15-19	☐W5
#6 July 22-26	☐W6

☐AM Camp Care (W1-W6)
☐PM Camp Care (W1-W6)
(There is no extra charge for Camp Care!)

Camp Fee: $120

CITY SAFARI CAMP FEES: $_____

I would like to be in the same group as:

_____

_____

_____

Register on-line at www.fortwayneparks.org

TOTAL FEES DUE

$

Please make checks payable to Board of Park Commissioners or charge to your Visa, MasterCard or Discover.

☐Cash ☐Check (# _____) ☐Visa ☐MasterCard ☐Discover ☐Scholarship (documentation required)

________________-________________-________________ _____

Visa, MasterCard or Discover # CVV

Name as printed on card _____ Expires (mo/yr)_____

HEALTH INFORMATION

Does camper have any of the following health conditions? Allergies Heart Trouble Diabetes Epilepsy Asthma Cerebral Palsy Cancer HIV/AIDS

Physical/Mental/Emotional Disabilities:_____

Please describe in detail reactions/care/instructions regarding the health conditions circled above or any others: _____

_____

Date of most recent tetanus shot: _____ Recent injuries: _____ Current Medications:_____

Physician's Name:_____ Telephone Number:_____ Hospital Preference:_____

Emergency Contact (if parent can't be reached):_____Alternate Emergency Number(s):_____

Any special medical instructions in the event you cannot be reached in an emergency:_____

_____

I, as legal guardian representing a minor participant, agree to release the City of Fort Wayne, its officers, employees and volunteers from any and all liability for accidents, injuries, losses of and/or damage to his/her person or property that may arise out of his/her participation in or presence at the above activity(s). I am aware of certain risks of possible dangers associated with participation in this activity. I have entered into this agreement of my own free will.

Parent/Guardian Signature: _____ Date:_____