



# 2023 REGISTRATION FORM for Franke Park, Farmin' Fun & Camp ACTiVenture

Please use a separate registration form for each camper.

Camper's Name \_\_\_\_\_ Sex:  M  F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade (2023-24) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone # (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**Franke Park Day Camp**  
**Camper's are limited to one camp session. Please indicate your 1st, 2nd and 3rd choice.**

Session/Dates	Age 4-5	Age 6-11
#1 June 5-9	___W1	___W1
#2 June 12-16	___W2	___W2
#3 June 19-23	___W3	___W3
#4 June 26-30	___W4	___W4
#5 July 10-14	___W5	___W5
#6 July 17-21	___W6	___W6

If these are full, place in any available session.

Camp Care  
 AM \$25 (W1-W6)  PM \$25 (W1-W6)

Camp Fee: \$125

FRANKE CAMP FEES: \$ \_\_\_\_\_

I would like to be in the same group as:  
 (Ages 6-8 and 9-11 are grouped separately.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Farmin' Fun Day Camp**  
**Camper's are limited to one camp session.**

Session/Dates	Ages 4-5	Ages 6-11	FIT 12+	CIT 13-17
#1 June 5-9	<input type="checkbox"/> W1	<input type="checkbox"/> W1	<input type="checkbox"/> W1	<input type="checkbox"/> W1
#2 June 12-16	<input type="checkbox"/> W2	<input type="checkbox"/> W2	<input type="checkbox"/> W2	<input type="checkbox"/> W2
#3 June 19-23	<input type="checkbox"/> W3	<input type="checkbox"/> W3	<input type="checkbox"/> W3	<input type="checkbox"/> W3
#4 June 26-30	<input type="checkbox"/> W4	<input type="checkbox"/> W4	<input type="checkbox"/> W4	<input type="checkbox"/> W4
#5 July 10-14	<input type="checkbox"/> W5	<input type="checkbox"/> W5	<input type="checkbox"/> W5	<input type="checkbox"/> W5
#6 July 17-21	<input type="checkbox"/> W6	<input type="checkbox"/> W6	<input type="checkbox"/> W6	<input type="checkbox"/> W6

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

Camp Fee: Ages 4-11 \$125  
 FIT 12+ \$125  
 CIT 13-17 \$105  
 CIT 5-6 wks \$420

FARMIN' FUN CAMP FEES: \$ \_\_\_\_\_

I would like to be in the same group as:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Camp ACTiVenture**  
**Camper's are limited to 2 camp sessions.**

Session/Dates	Ages 9-13
#1 June 12-16	<input type="checkbox"/> W1
#2 June 19-23	<input type="checkbox"/> W2
#3 June 26-30	<input type="checkbox"/> W3
#4 July 10-14	<input type="checkbox"/> W4
#5 July 17-21	<input type="checkbox"/> W5
#6 July 24-28	<input type="checkbox"/> W6

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

Camp Fee: \$345

CAMP ACTiVenture FEES: \$ \_\_\_\_\_

I would like to be in the same group as:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Register on-line at [www.fortwayneparks.org](http://www.fortwayneparks.org)

TOTAL FEES DUE \$ Please make checks payable to Board of Park Commissioners or charge to your credit card.  
 Cash  Check (# \_\_\_\_\_)  Visa  MasterCard  Discover  AmEx  Scholarship (documentation required)  
 \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ 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: \_\_\_\_\_