Franke Park Day Camp
2022 Advanced Camper Program
Franke Park Day Camp 2022
Advanced Camper Registration Form

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

Camper's Name: ____________________________ Sex: □ M □ F Date of Birth: __________ Age: ______ Grade (22-23): __________

Parent/Guardian: ____________________________ Phone # (h) ___________ (cell) __________

Address: ____________________________ City: __________ State: __________ Zip: __________

Parent/Guardian E-Mail Address: ____________________________

Junior Leader
(12 years old)

Junior Leaders may register for only one camp session per season.

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

Session/Dates Code
__ #1 June 6-10 349300W1
__ #2 June 13-17 349300W2
__ #3 June 20-24 349300W3
__ #4 June 27-July 1 349300W4
__ #5 July 11-15 349300W5
__ #6 July 18-22 349300W6

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

□ AM Camp Care ($25)
□ PM Camp Care ($25)

Camp Fee: $105 per week

TOTAL FEES DUE: $ __________

Counselor-In-Training (C.I.T.)
(13-18 years old)

Are you a first-year CIT? □ Yes □ No

Please check the session(s) you wish to attend.

Session/Dates Code
 ■ #1 June 6-10 349400W1
 ■ #2 June 13-17 349400W2
 ■ #3 June 20-24 349400W3
 ■ #4 June 27-July 1 349400W4
 ■ #5 July 11-15 349400W5
 ■ #6 July 18-22 349400W6

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

Camp Fee: $85 per week
$340 flat fee for 5-6 weeks

TOTAL FEES DUE: $ __________

TOTAL FEES DUE

$ __________

□ Cash □ Check (# ____________) □ Visa □ MasterCard □ Discover □ AmEx □ Scholarship

Credit Card Number

Name as printed on card ____________________________ Expires (mo/yr) __________

CVV Security Code

Health Information

Does camper have any of the following health conditions? (circle) Allergies Heart Trouble Diabetes Epilepsy Asthma Cerebral Palsy Cancer 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 cannot 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: __________

Junior Leader
(12 years old)

Junior Leaders may register for only one camp session per season.

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

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

□ AM Camp Care ($25)
□ PM Camp Care ($25)

Camp Fee: $105 per week

TOTAL FEES DUE: $ __________

Counselor-In-Training (C.I.T.)
(13-18 years old)

Are you a first-year CIT? □ Yes □ No

Please list two references (cannot be a relative, family member or day camp employee):

Name ____________________________ Title or Relationship to Camper: ____________________________

Phone #: ____________________________ Best time to call: ____________________________

Name ____________________________ Title or Relationship to Camper: ____________________________

Phone #: ____________________________ Best time to call: ____________________________

Registration is not complete until references are checked. If references are not favorable, your registration will be refunded.

TOTAL FEES DUE

$ __________

□ Cash □ Check (# ____________) □ Visa □ MasterCard □ Discover □ AmEx □ Scholarship

Credit Card Number

Name as printed on card ____________________________ Expires (mo/yr) __________

CVV Security Code

Health Information

Does camper have any of the following health conditions? (circle) Allergies Heart Trouble Diabetes Epilepsy Asthma Cerebral Palsy Cancer 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 cannot be reached):

Alternate Emergency Number(s):

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_________________________________________________________________________________________________________________________________________

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: __________
ADVANCED CAMPER PROGRAM at Franke Park Day Camp

Franke Park Day Camp provides campers with enjoyable outdoor experiences that foster cooperation through learning, playing, working, problem solving, and socializing together. Campers enjoy a wide range of activities including hiking, fire building, outdoor cooking, swamp study, nature walks, arts and crafts, games, mudsliding and more! Franke Park Day Camp has been serving the youth of this community with an emphasis on basic camping skills and nature education since 1946.

Any individual 12-18 years of age may register for the Advanced Camper program at Franke Park Day Camp, regardless of sex, color, national origin, religion, or disability.

LOCATION
Franke Park
3411 Sherman Blvd., Fort Wayne, IN

AGES
Junior Leader, Age 12
Counselor-In-Training (CIT) Ages 13-18
Must be of minimum age by June 1, 2022.

HOURS
M, T, Th, F .......... 9:00 a.m.-4:00 p.m.
Wednesdays ............. 1:00-7:00 p.m.
Before Camp Care .......... 7:00-9:00 a.m.
After Camp Care .......... 4:00-6:00 p.m.
(No Camp Care on Wednesdays)

FEES
Junior Leader (limit 1 session)
Camp Session .................. $105
Before Camp Care .......... $25
After Camp Care .......... $25

Counselor-In-Training (unlimited sessions)
Per Camp Session ............. $85
5 or 6 Camp Sessions (flat fee) .... $340
Camp Care ..................... FREE

CITs must be present at camp for at least 25 days to be eligible for the $340 flat fee.

REFERENCES FOR CITs
All CITs are required to submit the names of two adult references along with contact information when registering for camp. Relatives, family members and camp staff DO NOT qualify as references. If references do not pass a reference check, the registration will be denied and the fee refunded.

FINANCIAL ASSISTANCE
Financial assistance is available on a limited basis. Please call 427-6000 to inquire about the Youth Scholarship Program.

SESSIONS
#1 .......................... June 6-10
#2 .......................... June 13-17
#3 .......................... June 20-24
#4 .......................... June 27-July 1
#5 .......................... July 11-15
#6 .......................... July 18-22

WHAT TO BRING
• Dogtag
• Siderope
• Sack Lunch (non-refrigerated)
• Canteen or Water Bottle
• Insect Repellent
• Book Bag
(New campers will receive a dogtag and siderope at camp. A hot meal designed to supplement the sack lunch will also be provided.)

WHAT TO WEAR
Advanced campers should wear long pants and sturdy shoes and bring a jacket, sweatshirt, raincoat and/or boots in the event of inclement weather. Since many activities leave campers dirty, muddy and/or wet, old clothes and shoes are highly recommended.

WEDNESDAY NIGHT PROGRAM
A special program of songs and skits will be presented on Wednesday evenings from 6:00-7:00 p.m. Family and friends are invited to attend.

SWIM TEST
Advanced Campers who wish to participate in canoeing must first pass a swim test. The test (on back) may be administered at any public pool by a certified lifeguard. If a successful test is already on file in the camp office, it does not need to be repeated.

QUESTIONS?
Questions regarding Franke Park Day Camp may be directed to the Fort Wayne Parks and Recreation Department at 260-427-6000. The Day Camp Office will be staffed from May 31-July 29 and may be reached at 427-6725.

CIT APPRECIATION & AWARDS POTLUCK
Monday, July 25, 6:00 p.m.

75TH ANNIVERSARY CELEBRATION
Tuesday, July 26, 4:00-8:00 p.m.

REFUND POLICY
Full refunds, less a processing fee of $5 or 10%, whichever is greater, will be granted if requested at least one business day before the day the camp session begins. Refunds requested less than one day prior to the start of the camp session may be granted only for illness or medical reasons. These refunds will be pro-rated and issued in the form of a credit to your account with us, which may then be applied to a future purchase. Please allow 4-6 weeks for processing refunds.

Franke Park Day Camp questions may be directed to the Parks and Recreation Office at (260) 427-6000.

Day Camp registration begins March 21.
Register online at www.fortwayneparks.org or submit the registration form in person, by mail or fax to:
Fort Wayne Parks and Recreation, 705 E State Blvd, Fort Wayne, IN 46805   FAX: 427-6020
Advanced Campers will be allowed in canoes only after successful completion of this test which may be administered by a certified lifeguard at any public pool. Return the completed test form to the day camp office. If you already have a successful swim test on file, it does not need to be repeated.

Swim Across Width of Pool ( ) Yes ( ) No
Swim Under Water 1/2 Width of Pool ( ) Yes ( ) No
Front Float ( ) Yes ( ) No
Back Float ( ) Yes ( ) No
Forward Somersault ( ) Yes ( ) No
Backward Somersault ( ) Yes ( ) No
Front Float ( ) Yes ( ) No
Back Float ( ) Yes ( ) No

Camper Name ____________________________ Date ________________________
Lifeguard Name ____________________________ Pool ________________________
Lifeguard Signature ____________________________