FORT WAYNE PARKS AND RECREATION

2024 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 (2024-25) _____

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

Address_____ City_____ State_____ Zip_____

E-Mail Address_____

Franke Park Day Camp

Campers are limited to one camp session. Please indicate your 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
☐ AM $25 (W1-W6) ☐ PM $25 (W1-W6)

Camp Fee: $140

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

Campers are limited to one camp session.

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

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

Camp Fee:		
	Ages 4-11	$140
	FIT 12+	$140
	CIT 13-18	$125
	CIT 5-6 wks	$500

FARMIN' FUN CAMP FEES: $_____

I would like to be in the same group as:

_____

_____

_____

_____

Camp ACTIVenture

Campers are limited to 2 camp sessions.

Session/Dates	Ages 9-13
#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: $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

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:_____