## Franke Park Day Camp 2024

## **Advanced Camper Registration Form**



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

Parent/Guardian Signature: \_\_

PLEASE PRINT			RECREATION	
Camper's Name	Sex: 🗆 M 🗆 F Date of Birth	Age	Grade (24-25)	
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.	Counselor-In-Training (C.I (13-18 years old)  Please check the session(s) you wish to	Please list two re	Are you a first-year CIT? ☐ Yes ☐ No  Please list two references (cannot be a relative, family member or day camp employee):	
Please indicate your 1st, 2nd and 3rd choice.  Session/Dates Code#1 June 10-14 349300W1#2 June 17-21 349300W2	Session/Dates       Code         □ #1 June 10-14       349400W1         □ #2 June 17-21       349400W2         □ #3 June 24-28       349400W3         □ #4 July 8-12       349400W4	72 73 Title or Relation:	Name Title or Relationship to Camper Phone # Best time to call	
#3 June 24-28 349300W3  #4 July 8-12 349300W4  #5 July 15-19 349300W5  #6 July 22-26 349300W6	☐ #5 July 15-19 349400W ☐ #6 July 22-26 349400W ☐ If these are full, place in any available	16 	Best time to Call	
☐ If these are full, place in any available session.		Title or Relations	ship to Camper	
☐ AM Camp Care (\$25)	Camp Fee: \$125 per week \$500 flat fee for 5-6 weeks	Phone #	Best time to call	
□ PM Camp Care (\$25)		Thone "	best time to cui	
Camp Fee: \$140 per week  FOTAL FEES DUE: \$		are checked. If	Registration is not complete until references are checked. If references are not favorable, your registration will be refunded.	
TOTAL FEES DUE Please make checks payable	to Board of Park Commissioners or charge to	your Visa, MasterCard, Dis	cover or AmEx.	
Ψ	) □Visa □MasterC		⊐AmEx □Scholarship	
Credit Card Number			CVV Security Code	
Name as printed on card		Expi	res (mo/yr)	
HEALTH INFORMATION				
Does camper have any of the following health condition Physical/Mental/Emotional Disabilities: Please describe in detail reactions/care/instructions regard			·	
Date of most recent tetanus shot: Recent injuries:				
Physician's Name: Telephone Number: l				
Emergency Contact (if parent cannot be reached):				
Alternate Emergency Number(s):				
Any special medical instructions in the event you cannot	t be reached in an emergency:			
l, as legal guardian representing a minor participant, agricidents, injuries, losses of and/or damage to his/her per of certain risks of possible dangers associated with part	rson or property that may arise out of his/her	r participation in or presence	at the above activity(s). I am aware	

\_ Date:\_