

Willowick Recreation Department
SUMMER DAY CAMP 2026

5-6 yr. old _____
Manry Camp

7-8 yr. old _____
Manry Camp

9-12 yr. old _____
Dudley Camp

CHILD'S NAME: _____ **M / F** Age _____ **D.O.B.** _____
FIRST LAST

T-SHIRT SIZE: Youth: S-6/8 _____ M-10/12 _____ L-14/16 _____ Adult: S-34/36 _____ M-38/40 _____ L-42/44 _____ XL _____

ADDRESS: _____ **CITY:** _____ **ZIP** _____

PARENT/GUARDIAN NAME: _____
(RELATIONSHIP)

CELL PHONE (____) _____ **DAYTIME PHONE** (____) _____

EMAIL: _____

Please List Alternate Local Person To Contact In Case Of Emergency:

Name _____ Relation to Child _____ Phone (____) _____

YES, MY CHILD HAS PERMISSION TO WALK OR RIDE A BIKE HOME FROM CAMP

X _____

I hereby authorize my child to be released at 4:30pm without a parent/ guardian present and release the City of Willowick from all liability, relating to the release of my child without a parent/ guardian present.

Authorized Pick-up / Release List

For your child's protection, please list the names of **all** other authorized persons to whom your child will be either dropped-off or picked-up from camp. In addition to the names listed above, these are the **only** persons to whom your child will be released, and they will need to provide identification to our staff at time of pick-up. Please remember to update list as needed.

Name	Phone	Relationship

CONTINUED ON BACK

- **Camp Safety Information** Please provide your child's information below:

Child's Name: _____

Eye Color:_____ **Hair Color:**_____ **Height:** _____ **Weight:** _____

- **Sun-Block Protection**

To better assist your child with sun-block protection while attending the summer day camp program, please send sun-screen with your child to camp daily (preferably the pump/spray bottle, for easy application). Clearly mark your container with your child's name. In the event that your child may need assistance from the staff in applying the sunscreen, please initial here for permission _____.
(initial)

- **Program Photos**

We are seeking your permission to display camp pictures that may have your child in them. The Recreation Department uses photographs to display various recreation programs offered throughout the City. These photos may be used in publications such as event and program flyers, and on the City's web-site. To grant permission for use of program photos that may have your child in them, please initial here for permission _____.
(initial)

RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned, being of lawful age, acknowledges and agrees that I am voluntarily participating, or I am allowing my minor child to participate, in the programs, activities and/or events being sponsored by the City of Willowick.

In consideration for the City of Willowick allowing me, or my minor child, to participate in said program, activity, and/or event, the undersigned individually and for their heirs, successors, and assigns does hereby release and forever discharge the City of Willowick, its officers, officials, employees, and those acting on behalf of the City of Willowick from any and all actions, claims, causes of action and any damages that follow therefrom, arising out of, or as a result of the participation in any program, activity, and/or event being sponsored by the City of Willowick.

I hereby acknowledge that I understand the terms and conditions of this Release and Indemnification Agreement, and I am entering into this Agreement of my own free will and without duress after having reviewed the Agreement in full.

I further agree that I will indemnify and hold harmless the City of Willowick, its officers, officials, employees, and those acting on behalf of the City of Willowick from any and all actions, claims, causes of action and any damages that follow therefrom, as a result of the participation in any program, activity, and/or event being sponsored by the City of Willowick.

I have carefully read this Release and Indemnification Agreement, I understand the contents contained therein, and I am signing the Agreement of my own free will.

_____ **Dated:** _____
Parent / Guardian Signature

WILLOWICK DAY CAMP PARENT MANUAL AGREEMENT

I hereby acknowledge that I am agreeing to all policies and procedures set forth by the Willowick Recreation Dept. in the Day Camp Manual. By signing below I agree to review the manual with my child prior to the first day of camp and agree that all policies and procedures must be followed..

_____ **Dated:** _____
Parent / Guardian Signature

WILLOWICK RECREATION DEPARTMENT - SUMMER RECREATION CAMP

MEDICAL AUTHORIZATION

Must be completed by parent or guardian.

CHILD'S NAME: _____ **M / F** Age _____ **DOB** _____

In an emergency, when it is impossible to contact you, do you authorize the City of Willowick to transport your child to Lake West Hospital ? (circle one) YES NO

Does your child have Health insurance? _____ Carrier: _____

To GRANT CONSENT

The following facts concerning my child's medical history including allergies, medications being taken, and any physical impairments to which a physician and Recreation Department staff/employees should be alerted to:

I hereby give consent for the following medical care providers to be called:

Doctor: _____ Phone # _____

Dentist: _____ Phone # _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor or dentist, or in the event the designated practitioner is not available, by another doctor or dentist: and (2) the transfer of my child to Lake West hospital.

Date

Signature of Parent / Guardian

REFUSAL TO CONSENT I do not give consent for emergency medical treatment of my child.

In the event of illness or injury requiring emergency treatment, I wish the City of Willowick take no action or to:

Date

Signature of Parent/Guardian

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MEDICAL AUTHORIZATION PAGE 2

Must be completed by parent or guardian.

CHILD'S NAME: _____ **Age** _____

REQUEST FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

I request the Willowick Recreation Department to designate a staff member/ employee to administer the prescribed medication listed below, to my child.

Drug Name: _____ **Dosage:** _____

<u>Time(s) for Administration</u>	<u>Beginning Date</u>	<u>Ending Date</u>	<u>Diagnosis</u>
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Prescribed by: (Doctor's Name) _____

Drug Name: _____ **Dosage:** _____

<u>Time(s) for Administration</u>	<u>Beginning Date</u>	<u>Ending Date</u>	<u>Diagnosis</u>
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Prescribed by: (Doctor's Name) _____

I will supply the medication in the original prescription container. I also agree to submit a revised statement signed by the physician if any of the information originally provided changes.

Signature of Parent / Guardian

Date

IMMUNIZATIONS

In order to safeguard the summer recreation camp community from the spread of certain communicable diseases and in recognition that prevention is a means of combating the spread of disease, the City of Willowick Recreation Department requires all campers to be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and chickenpox in accordance to the Ohio Department of Health.

_____ Yes, my child is up to date on his/her vaccinations.

_____ No, my child has not been vaccinated.

Signature of Parent / Guardian

Date