

Johnny Appleseed Metro Park District
2355 Ada Rd.
Lima, OH 45801
419-221-1232



Summer Camp Registration

Age _____

Camp's Name _____

Age Group Camp Attending _____

Name of Camp Attending _____

Date of Birth _____ Male _____ Female _____

Parent/Guardian Name _____

Address _____

Cell/Mobile/Phone Home _____ / _____ / _____

Email _____

Parent/Guardian Name _____

Cell/Mobile/Phone _____ / _____ / _____

Emergency Contacts

Name _____ Home _____

Name _____ Home _____

Allergies (Food/Inhalants/etc.) _____

Prescription Medications Being Taken _____

Special Medical Conditions _____

Who is responsible for dropping off and picking up your child from this program?

By Car _____
(Name) (Relationship to child) (Phone #)

By Van _____
(Name) (Relationship to child) (Phone #)

I agree to release the _____ to participate in this program offered by the Johnny Appleseed Metro Park District.

Signature _____ Date _____