

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



Summer Camp Registration

Date _____

Camper's Name _____

Age Group Camp Attending _____

Name of Camp Attending _____

Date of Birth _____ Male _____ Female _____

Parent/Guardian Name: _____

Address: _____

Cell/Work/Home Phone _____ / _____ / _____

Email: _____

Parent/Guardian Name: _____

Cell/Work/HomePhone _____ / _____ / _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies (Food/medicine/etc.) _____

Prescription Medications Being Taken _____

Special Medical Conditions _____

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

Day One- _____
(Name) (Relationship to child) (Phone #)

Day Two- _____
(Name) (Relationship to child) (Phone #)

I give permission for _____ to participate in this program offered by the Johnny Appleseed Metro Park District.

Signature: _____ Date: _____