

Community Day Camp of North Lima

Brought to you by the friendly folks at: Mt. Olivet, Good Hope, Calvary, NL Mennonite, and Paradise churches; and Camp Frederick

The Adventure Begins Here!

CROSSROADS

For ALL kids who have completed K-7th grade

JULY 31 - AUGUST 4

9AM - 3PM DAILY

Registration forms at:

[www.mtolivetucc.org/
community-day-camp-of-north-lima](http://www.mtolivetucc.org/community-day-camp-of-north-lima)

Water Day! Crafts

Team-Building Exercises

Educational Presentations

Field Trip to Camp Frederick



**SNACKS & LUNCH INCLUDED
NO COST!**



**FUN-FILLED DAYS
YOU DON'T WANT TO MISS!**

HOSTED AT: MT. OLIVET UNITED CHURCH OF CHRIST

410 W. SOUTH RANGE RD., NORTH LIMA (330) 549-2169

Scan and email to:
office@mtolivetucc.org
or arrive at least 15-20 minutes early
on opening day
and bring form with you to the
registration table

Community Day Camp of North Lima July 31st - Aug. 4th, 2023 9am to 3pm Registration and Permission Form

Name of Camper: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Home Church: _____ Gender (M/F): _____ GRADE COMPLETED: _____ Age: _____
Parent's/Guardian's Names: _____
Mom's Home: _____ Work: _____ Cell: _____
Dad's Home: _____ Work: _____ Cell: _____

Emergency Contact Information

1. Name: _____ Phone: _____ Relationship w/camper: _____

2. Name: _____ Phone: _____ Relationship w/camper: _____

The following person(s) is/are permitted to pick up my child from Day Camp:

1. _____ 2. _____

Required Health Information

List any current conditions; physical, mental or psychological needing medication, treatment or special restrictions while at camp: _____

List any past medical treatments: _____

Are there any activities from which your child should be exempted from for health reasons?

Specify any dietary concerns or limitations: _____

Indicate current medications (prescribed or over-the-counter) currently being taken:

I, the parent/guardian of the child mentioned above on this form, attest that all immunizations required for school are up-to-date, including the last tetanus: Month _____ Year _____ **Note all allergies: bee stings, aspirin, Penicillin, peanuts, or other:** _____ Signature: _____

I attest that the above information is complete and accurate regarding my child's health information.

Parent/Guardian Signature: _____ Date: _____

Authorization of Treatment

In the event parents/guardians and emergency contacts cannot be reached, I give permission to the medical personnel selected by the Day Camp Director to give necessary transportation for my son/daughter to Akron Children's Boardman Campus or other: _____ for emergency medical treatment including; ordering x-rays, routine tests and to secure and administer any necessary treatment.

Parent/Guardian Signature: _____ Date: _____

On-Site Activity and Photo Permission

I give permission to Community Day Camp of North Lima/Camp Frederick to use photos of my child(ren) in promotions.

Transportation to Camp Frederick by Bus

I give permission to Community Day Camp of North Lima, and the organization they contract with, to transport my child(ren) to Camp Frederick in Rogers, OH, and return back to Mt. Olivet UCC, on Friday July 29.

Parent Signature: _____ Date: _____

Print Name: _____