

MINI MUNCHKIN SUMMER CAMP

Intended for children ages 4 to 6

June 6 – July 28 2022 | 9:00 – 11:15am

Monday & Thursday | OR | Tuesday & Friday

****Registration begins for Willoughby residents and for non-residents****

WILLOUGHBY RESIDENT Camp Fee \$125 (\$100 early bird – register by April 29)

NON WILLOUGHBY RESIDENT Fee \$190 (\$165 early bird - register by April 29)

Camp Fee includes camp t-shirts, all arts & crafts supplies, games, and field trips.

To receive the resident rate, you must supply us with your proof of residency (Ex. copy of a utility bill)

Camp will be offered two days a week on Monday & Thursday OR Tuesday & Friday.

Willoughby Parks & Recreation is dedicated to providing an outstanding, fun and safe camp environment and experience for all those who participate. Our Mini Munchkin Camp is geared to provide a camp setting for boys and girls ages 4-6.

Weekly themes will be used to guide arts n crafts projects and fun camp activities. Our 2022 Mini Munchkin camp will be held at Todd Field; in the event of adverse weather we will notify parents of an alternative indoor location in the David E. Anderson Willoughby Sr Center. (36939 Ridge Rd, Willoughby, OH 44094)

Completed registration forms should be dropped off to the **Willoughby Parks and Recreation Office** open Monday - Friday 7:30am - 4:30pm located in City Hall at 1 Public Square, Willoughby, OH 44094. There is an after-hours drop box located on the outside of City Hall near the south door.

Willoughby Parks & Recreation Mini Munchkin Camp

June 6 – July 28 2022 | 9:00 – 11:15am

Monday & Thursday _____ | OR | Tuesday & Friday _____

Please check which session you are registering for above

Child's Name: _____ Gender: M | F Birthday(mm/dd/yr) _____ Age: _____

Address: _____ City/Zip: _____

Camp T-shirts: children are required to wear t-shirts on specified field trips. Please choose the appropriate size:

_____ YOUTH Small (8-10) _____ YOUTH Medium (10-12) _____ YOUTH Large (14-16)

*Primary Contact (name | first and last): _____ Relationship: _____

Email address: _____

Phone: (_____) _____ House Cell Work Phone: (_____) _____ House Cell Work

*Secondary Contact: _____ Relationship: _____

Phone: (_____) _____ House Cell Work | Phone: (_____) _____ House Cell Work

*Additional Contact (If applicable): _____ Relationship: _____

Phone: (_____) _____ House Cell Work | Phone: (_____) _____ House Cell Work

Medical:

(Circle)

Is your child allergic to any medications? YES NO If YES, _____

Does your child have any allergies? YES NO If YES, _____

Is your child taking any medications? YES NO If YES, _____

***Authorized Pick up | The following people are permitted to pick up my child:

Name: _____ Relationship: _____ Phone (_____) _____

Name: _____ Relationship: _____ Phone (_____) _____

Name: _____ Relationship: _____ Phone (_____) _____

Name: _____ Relationship: _____ Phone (_____) _____

All authorized persons who are picking up campers MUST show State ID, no exceptions.

I Grant Consent in the event of a medical emergency for my child to receive medical care from a licensed physician or dentist and the transfer to the hospital best accessible. This authorization doesn't cover major surgery unless the medical opinions of two (2) other licensed physicians/dentists, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

I Refuse Consent in the event of a medical emergency for my child to receive medical treatment. In the event of illness or injury requiring emergency treatment, I wish the Parks & Recreation Department to take the following action:

I, the undersigned, am hereby advised & fully understand that the City of Willoughby does not provide any insurance for injuries sustained by any member of my family while enrolled in any program or trip.

Signature of Parent/ Guardian

Print Name

Date