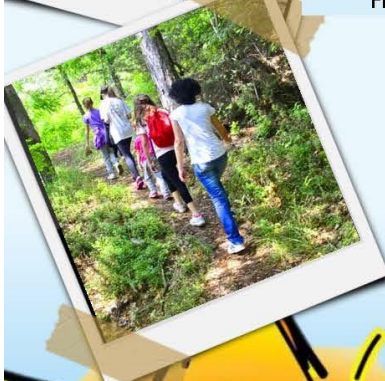


SUMMER

2020

Silver Springs DAY CAMP
Heritage Barn

CAMP



WEEK 1 **Fiesta!**
June 8-12 Break out the sombreros and maracas as we smash some piñatas!
Activity: Catered Mexican Fiesta & Jungle Terry

WEEK 2 **Where the Wild Things Are**
June 15-19: Join us as we discover the animal world!
Field Trip: Cleveland Zoo

WEEK 3 **Ninja Warrior**
June 22-26: Enjoy physical activity the ninja way! Obstacle Courses & Ninja Zone.
Field Trip: PLAY GLE

WEEK 4 **Party in the USA**
June 2-July 1: Party all week long and enjoy some bowling fun!
Field Trip: Sto-Kent Family Entertainment

WEEK 5 **Imagine That**
July 6-10: A day of Fun, Play, and Exploring!
Field Trip: Make Believe Family Fun Center

WEEK 6 **Lights, Camera, Action!**
July 13-17: Grab the popcorn and enjoy the show!
Field Trip: Movie Theater

WEEK 7 **Playground Extravaganza**
July 20-24: Playgrounds, nature trails, basketball, and more outdoor fun!
Field Trip: Boettler Park

WEEK 8 **Mad Science!**
July 27-31: Get your Frankenstein on as you discover the fun of science!
Field Trip: Great Lakes Science Center

WEEK 9 **Zippity Do-Dah**
Aug 3-7: Zip and bounce til your heart's content! Olympics: Let the games begin and go for the GOLD!
Field Trip: Zip City
Activity: Camp Olympics

SCHEDULE

DAILY

9:00am	Campers Arrive
9:05am	Opening Ceremonies
9:20-11:20am	Rotations (1 of 3 options) 1.) Sport, Craft, & Counselor Time 2.) Archery, & Group Games 3.) Fishing, Cooking, & Canoeing
11:45-12:30pm	Lunch
12:30pm	Travel to Swim!
1:00-3:00pm	Swimming at LifeCenter Plus (outdoor pool)
3:00pm	Travel to Camp
3:30-4:00pm	Snack & Camper of the Day
4:00pm	Campers Leave

For more information and how to register, please visit:

StowOhio.RecDesk.com

Stow Parks and Recreation 3760 Darrow Rd., Stow, OH 44224
Phone:(330) 689-5100; Fax: (330) 689-2895



Please Print:

CAMPER'S NAME: _____

ADDRESS: _____

BIRTH DATE: _____ AGE: _____ GRADE NEXT FALL: _____

PARENT OR LEGAL GUARDIAN 1 NAME: _____

CELL #: _____ EMAIL: _____

PARENT OR LEGAL GUARDIAN 2 NAME: _____

CELL #: _____ EMAIL: _____

ALTERNATE CONTACT NAME: _____

CELL #: _____ EMAIL: _____

Please circle T-Shirt size: YTH-M YTH-L YTH-XL ADLT-S ADLT-M ADLT-L ADLT-XL

CAMP FEES PER WEEK

Resident:

First Child: \$180.00
 *Week 4 \$108.00
 Second Child: \$160.00
 *Week 4 \$ 96.00
 (*Week 4-No Camp 7/2-7/3)

Field Trips included in Fee

Non-Resident:

First Child: \$185.00
 *Week 4 \$111.00
 Second Child: \$165.00
 *Week 4 \$ 99.00
 (*Week 4-No Camp 7/2-7/3)

Field Trips included in Fee

Camp fees do not include extended care

Extended Care Fees Per Week

AM -OR- PM Care: \$20.00
 AM -AND- PM Care: \$25.00

Pay by credit card, cash, or check made payable to City of Stow

EMERGENCY MEDICAL AUTHORIZATION, PICK-UP AUTHORIZATION, and MEDICATION AUTHORIZATION forms must be signed and on file with the Parks and Recreation office prior to the first day of camp. These forms can be found in this packet.

Below, please "X" each camp session child is signed up for, as well as extended care.			
Camp Sessions	AM Care	PM Care	Amount
<input type="checkbox"/> Week 1: June 8-12	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 2: June 15-19	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 3: June 22-26	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 4: June 29-July 1*	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 5: July 6-10	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 6: July 13-17	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 7: July 20-24	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 8: July 27-31	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 9: August 3-7	<input type="checkbox"/>	<input type="checkbox"/>	
Total:			

We, the undersigned, do hereby consent to our child's participation in the SILVER SPRINGS DAY CAMP PROGRAM in consideration of services to be performed by the Stow Parks and Recreation Department. We do further release its agents and employees from any and all claim or liability to use for any damage or injuries which may be sustained by said child in connection therewith. We are aware that the registration fee for the camp does not include insurance.



EMERGENCY MEDICAL AUTHORIZATION

Child's Name: _____ Age: _____

Parent/Guardian Phone: _____

Other Parent/Guardian Phone: _____

Physician Name & Phone: _____

Dentist Name & Phone: _____

Hospital of Choice: _____

Health Insurance Company: _____ Policy Number: _____

Grant of Consent

In the event reasonable attempts to contact me at the above number(s) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above doctor or dentist, or in the event the designated preferred practitioner is not available, another licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity of such surgery are obtained before the surgery is performed. Please provide facts concerning the child's medical history including: allergies, medications being taken and any physical impairments to which a physician should be alerted:

Allergies: _____

Parent/Guardian Signature: _____ Date: _____

Medication

We do not allow campers to bring prescription or over-the-counter medication to camp. We do not provide a secure area to store medication. Any camper that requires medication must have a parent or guardian at camp administer the medication.

At the current time of registration, will the camper be required to take any medication while attending camp?
 Yes No

If yes, please confirm that a parent or guardian will be at camp to administer the medication.
 Yes

Does your child have a severe food allergy that requires an EpiPen or Benadryl?
 Yes No
Please explain: _____

Refusal of Consent

I DO NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to: _____

Signature of Parent: _____

Address: _____ City: _____ State: _____ Zip: _____



PICK-UP AUTHORIZATION

Your child will only be released to a parent/guardian or persons listed in this section. Staff will require government issued identification before releasing your child.

Child's Name: _____

Authorized Person(s) for child pick-up:

Name (Required): _____

Relationship to child: _____

Phone (Required): _____

Name (Required): _____

Relationship to child: _____

Phone (Required): _____

Please note: If there are any custody issues involved with your child, you must provide the Parks & Recreation Director/Supervisors with full court documentation including who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation.

Signature of Parent (Required): _____

Date (Required): _____