

CAMPER'S NAME _____
Camp I am attending _____

**BOOMER/TOLEDO RECREATION SPORTS CAMP
ENROLLMENT FORM**—Each child must fill out an application for
each activity enrolled in.
MAKE CHECKS PAYABLE TO: CITY OF TOLEDO

CAMPER'S STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____ AGE _____

GRADE _____

* * *

Medical Insurance Company _____

Subscriber's Name _____

Insurance Policy Number _____

Group Number _____

ID Number _____

[Circle T-Shirt Size if Applicable: YS YM YL AS AM AL
AXL A2X]

I hereby authorize my child's participation in the
**BOOMER/TOLEDO RECREATION SPORTS
CAMP**. I know of no mental or physical problems
that would have an effect on my child's ability to
safely participate and the camp staff is authorized
attend to any health problems or injury my child
may incur while attending camp.

I understand that my child must have current and
active medical insurance in order to attend camp.
Neither my child nor I will hold the City of Toledo
or Toledo Boomer Boosters liable for any injuries
or expenses relating to injuries while my child is at
camp.

I agree that the City of Toledo/Toledo Boomer
Boosters retain the sole rights to any photographs
or video of the campers taken at the camp to be
used for publicity or advertising.

I certify that I have read and fully understand all
of the above.

Medical or other conditions including allergies:

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Home/Work Phone _____

Emergency Phone _____