

# 2021 DAY CAMP REGISTRATION FORM

Camp Hours are 9:00 a.m. to 4:00 p.m.

For information contact: Toni White, Day Camp Director by  
e-mail at [highlandhtsdaycamp@gmail.com](mailto:highlandhtsdaycamp@gmail.com).

If registering by mail, return the registration form with your check to the City of Highland Hts., 5827 Highland Rd., Highland Hts., OH 44143. Or you may register in person at the Highland Hts. City Hall during business hours or online at [www.highlandhts.com](http://www.highlandhts.com).

**Parent Orientation is Thursday, May 27, 2021 at 7:00 p.m. at Highland Heights City Hall.**

<u>Resident (Highland Heights Residents only)</u>	<u>Non-Resident</u>																																																																	
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**Please print clearly:** Camper's Name \_\_\_\_\_ Camper's Swim Level \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Grade Fall 2021 \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency # \_\_\_\_\_  
 \_\_\_ Male \_\_\_ Female Address \_\_\_\_\_  
Please include City & Zip Code

**Email Address:** \_\_\_\_\_

**\*\*\*\*\* Please circle T-Shirt Size (sizes run small) Youth: Sm. Med. Lg. Adult: Sm. Med. Lg. XL**

Mother/Guardian Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell/Pager# \_\_\_\_\_  
 Father/Guardian Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell/Pager# \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

Bee Sting Reaction \_\_\_\_\_ Food Allergies/Dietary Restrictions \_\_\_\_\_  
 My child requests to be placed with (1 request only) \_\_\_\_\_

I agree to participate or have a family member participate in Highland Heights Recreation Programs and acknowledge that such activities present the possibility of injury. I hereby release the City of Highland Heights, its officials and employees, from any and all claims of liability for injuries, medical expenses and other damages and losses, including legal fees that result from participation in said programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Payment enclosed by:** Check or Charge to Credit Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_

Name as it appears on credit card \_\_\_\_\_ CVV# \_\_\_\_\_

**\* If paying by credit card, a \$3.00 convenience charge will be added to the total.**

**Date Paid** \_\_\_\_\_ **Please Circle: Paid in Cash Paid by Check#** \_\_\_\_\_ **Paid by Credit Card Total Paid \$** \_\_\_\_\_