

Register before May 4, 2018 and receive a \$20 discount per child per week. Please complete a separate form for each child.

CHILD'S INFORMATION:

Child's name _____ Child's date of birth _____ Child's age _____

Parent's name _____ Phone (home/work/cell) _____

Address _____ City / State / Zip _____

Email address _____ Please circle one: Guest Member ID # _____

Height _____ Weight _____ Eye color _____ Hair color _____

Medical provider _____ Phone _____

Health insurance company _____ Policy # _____ Exp. date _____

Medical concerns (including allergies, medical conditions, medications, etc.) _____

Special needs (including activity limitations, behavioral concerns, etc.) _____

EMERGENCY CONTACT INFORMATION:

Emergency name _____ Phone _____ Relationship to child _____

Emergency name _____ Phone _____ Relationship to child _____

DROP OFF/PICK UP:

ALLOWED

Name _____ Phone _____ Special instructions _____

Name _____ Phone _____ Special instructions _____

NOT ALLOWED

Name _____ Phone _____ Special instructions _____

T-shirt sizes (one per child):

Youth sizes: ___ Small ___ Medium ___ Large Adult Sizes: ___ Small ___ Medium ___ Large ___ X-large

How did you find out about us? Please fill in the spaces, if applicable. We would like to take the time to thank them.

<input type="checkbox"/> Previous Camper	<input type="checkbox"/> Akron General Website	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Community Event
<input type="checkbox"/> LifeStyles Member	<input type="checkbox"/> LifeStyles Website	<input type="checkbox"/> Flyer	<input type="checkbox"/> Member Referral
<input type="checkbox"/> KidStyles/LifeStyles Staff Member	<input type="checkbox"/> Internet Search Engine	<input type="checkbox"/> Co-worker	<input type="checkbox"/> Newspaper Ad/Article
<input type="checkbox"/> Parents Night Out Event	<input type="checkbox"/> Drive By	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Akron General Employee

CAMPS ATTENDING

All registrations are due one week prior to each session. Please check the days and/or week(s) and location your child will attend. If needed, also indicate Before and/or After Care. See brochure for times, pricing and additional info.

Day/Weekly Camps

<input type="checkbox"/> June 4 - June 8 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> July 16 - July 20 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<input type="checkbox"/> June 11 - June 15 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> July 23 - July 27 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<input type="checkbox"/> June 18 - June 22 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> July 20 - Aug. 3 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<input type="checkbox"/> June 25 - June 29 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Aug. 6 - Aug. 10 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<input type="checkbox"/> July 2 - July 6*** M T Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Aug. 13 - Aug. 17 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care
<input type="checkbox"/> July 9 - July 13 M T W Th F Week	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	***Daily Rates ONLY	

Specialty Camps No discounts available

Basketball Camp **July 23 – July 27** **Must register at: <http://tnbabasketball.com>**

Form(s) and checks made payable to **Akron General LifeStyles** should be mailed or dropped off at the respective front desk:

LifeStyles – Bath	4125 Medina Road, Akron, OH 44333	330-665-8139 HaramiB@ccf.org
LifeStyles—Stow	4300 Allen Road, Stow, OH 44224	330-945-3130 lamarj@ccf.org
LifeStyles—Green	1940 Town Park Blvd., Uniontown 44685	330-896-5016 SpicerC2@ccf.org

☐ I hereby agree to the Terms & Conditions (see below) and give permission for images of my child, captured through video, photo and digital camera, to be used solely for the purposes of Akron General Health System promotional materials, and waive any rights of compensation or ownership thereto.

Signature of parent or legal guardian _____ Date _____

Terms & Conditions: I give the above minor permission to participate in supervised activities with Akron General LifeStyles. I hereby for myself, my heirs, agents and administrators, waive and release any and all rights and claims for damages I may have against LifeStyles for any and all injuries that may occur in connection with my child's participation in these events. Payment in full is required at the time of registration. Payment includes a non-refundable \$50 administrative fee per child/per week. No refunds will be granted after September 1, 2018. The health insurance coverage for each camper is the responsibility of the parent or legal guardian. In case of medical emergency, the parent or legal guardian authorizes Akron General LifeStyles or its representatives to take all responsible steps to secure the health and safety of the listed child. This includes, but is not limited to, x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and/or hospital care.