

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.)* _____

Are mandatory vaccinations current? (DATE) DTP _____ Polio _____ MMR _____ TB test _____ Tetanus _____

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 _____

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

Please check the days and/or week(s). If needed, also indicate Before and/or After Care. See brochure for times, pricing and additional info.

1 Day, Field Trip Day and Weekly options available.

<input type="checkbox"/> June 9 - June 13 M T W TH F	___ Before Care ___ After Care	<input type="checkbox"/> July 14 - July 18 M T W TH F	___ Before Care ___ After Care
<input type="checkbox"/> June 16 - June 20 M T W TH F	___ Before Care ___ After Care	<input type="checkbox"/> July 21 - July 25 M T W TH F	___ Before Care ___ After Care
<input type="checkbox"/> June 23 - June 27 M T W TH F	___ Before Care ___ After Care	<input type="checkbox"/> July 28 - August 1 M T W TH F	___ Before Care ___ After Care
<input type="checkbox"/> June 30 - July 2 M T W	___ Before Care ___ After Care	<input type="checkbox"/> August 4 - August 8 M T W TH F	___ Before Care ___ After Care
<input type="checkbox"/> July 7 - July 11 M T W TH F	___ Before Care ___ After Care	<input type="checkbox"/> August 11 - Aug 15 M T W TH F	___ Before Care ___ After Care

Completed Form(s) and payment should be dropped off at Lifestyles, Bath front desk.

LifeStyles, Bath | 4125 Medina Road, Akron, OH 44333 330.665.8134

Payment options: Debit or Credit cards and Checks payable to **HW LifeStyles.**

Registration and payment are due at least 3 weeks prior to start of camp session.

Check box – If registering for more than 3 weeks and are interested in arranging a monthly payment schedule (March 1 – June 1).

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, 2025. 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 Cleveland Clinic 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.

____ 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 _____

Cleveland Clinic Akron General LifeStyles Camp
Behavior Policy and Agreement

To ensure that everyone has a positive experience, we want all our camp families to understand that the physical and emotional safety of each of our campers is our number one priority. Therefore, **at Cleveland Clinic Akron General LifeStyles, bullying will not be tolerated and grounds for immediate dismissal from camp.**

During staff training and throughout the camp season, we work with our staff to identify and stop any incidents that may occur. Bullying can manifest itself as physical (pushing, hitting, kicking, etc.) and/or emotional (teasing, gossiping, taunting, etc.). Each week of camp, we work within Cleveland Clinic Akron General LifeStyles and as a camp to set the expectations of how each of the campers wants and can be expected to be treated. We are committed to offering a camp program that helps campers to see the “common ground” they all have. We know the best way to reduce bullying is to create a positive atmosphere from the start!

LifeStyles feels being proactive in our approach to bullying is just one of the ways we insure a wonderful experience for each of our campers. We want to ensure that each camper is in a safe and positive environment.

We encourage you to let us know about particular concerns that you have regarding bullying at camp or any camp related emails, instant messages or other incidences. We know that with excellent staff training and follow through, solid communication regarding our expectations to campers, and a strong partnership with parents that we can be successful in managing this issue.

Please read and sign the Behavior Agreement on page 4 of this registration form and feel free to contact us with any feedback, questions or concerns. We are looking forward to your involvement at Cleveland Clinic Akron General LifeStyles during this camp!

Thank you,

Summer Camp Staff 2025

Camper Name: _____

Session(s): _____

Parents: Please take a moment to review the following agreement with your camper. Signify that you both understand and agree to each statement by initialing the box.

1. I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.
2. I will work with my counselors and fellow campers towards creating a positive environment that is safe and welcoming for each of us.
3. I will work with my counselors and fellow campers to set expectations for our behavior and will adhere to these expectations.
4. I understand that doing intentional harm or bullying another camper, either physically or emotionally is grounds for dismissal from camp.
5. I understand that although I may be able to solve some conflicts on my own, my counselors are always ready to listen and assist if there is a problem. I understand that my counselors and all the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.
6. I will remain with my group as required.
7. I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.
8. I will be respectful of the property and personal space of other campers. I will not bring any video recording devices to camp.
9. I will follow all rules and be respectful to those individuals who will provide transportation for us during camp.
10. I will not possess smoking materials, lighters, matches, illegal drugs, alcohol or weapons of any kind at Cleveland Clinic Akron General LifeStyles.

We have read and agree to the above behavior agreement and understand that not following these policies may result in disciplinary actions including dismissal from camp.

Parent's Signature

Camper's Signature