



Dig In!

Summer Camp

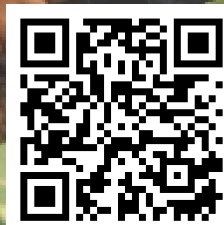


9AM - 1PM

In the heart of Akron's North Hill neighborhood

Week 1: July 13th-17th

Week 2: July 20th-24th



For More Information:
camp_dig_in@akroncoopfarms.org



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Thanks to community support, this camp is free for all participants. If you're able, donations of any amount help us continue offering programs like this.

Parent/Guardian Information:

Name: _____ Relationship to Camper: _____
Address: _____
Email: _____ Phone Number: _____
Alternate Phone Number: _____
Languages Spoken at Home: _____
Preferred Week: Week 1: July 13th-17th Week 2: July 20th-24th No Preference
I am carpooling with _____ for Week 1 Week 2 N/A

Emergency Contacts (Must have at least 1 English Speaking)

Name: _____ Relationship to Camper: _____
Phone Number: _____ English Speaking: _____ Yes No
Languages Spoken: _____
Name: _____ Relationship to Camper: _____
Phone Number: _____ English Speaking: _____ Yes No
Languages Spoken: _____
Name: _____ Relationship to Camper: _____
Phone Number: _____ English Speaking: _____ Yes No
Languages Spoken: _____

Medical Information

Allergies _____ Current Medicine: _____
Doctor's Name: _____ Dentist's Name: _____
Doctor's Phone: _____ Dentist's Phone: _____
Insurance Provider/Policy Number: _____

Consents & Waivers

- I give permission for my child(s) to participate in all camp activities.
- I authorize emergency transport and medical care for my child if necessary.
- I consent to the use of my child's photo in camp-related media.

Authorized Pick-Up Person

Name: _____ Relationship to Camper: _____
Phone Number: _____

Deadline: June 26 | Send completed application to camp_dig_in@akroncoopfarms.org
or mail to PO Box 4871 | Akron, OH 44310.



Akron
Cooperative
Farms

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Camper #1

Full Name _____ Nickname: _____

Date of Birth: _____ Age at First Day of Camp: _____

Gender: Male Female

T-shirt Size Youth S Youth M Youth L Adult S

Any other information we should know about your child?

Camper #2

Full Name _____ Nickname: _____

Date of Birth: _____ Age at First Day of Camp: _____

Gender: Male Female

T-shirt Size Youth S Youth M Youth L Adult S

Any other information we should know about your child?

Camper #3

Full Name _____ Nickname: _____

Date of Birth: _____ Age at First Day of Camp: _____

Gender: Male Female

T-shirt Size Youth S Youth M Youth L Adult S

Any other information we should know about your child?

Camp Fees:

- I would like to make a donation of \$_____ to support Dig In Summer Camp
- I am unable to make a donation at this time.

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