



# Dig In!

## Summer Camp

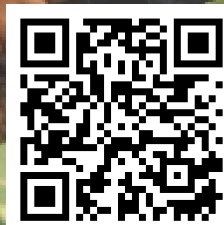


**9AM - 1PM**

**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](mailto:camp_dig_in@akroncoopfarms.org)



# Dig In! Summer Camp

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 13<sup>th</sup>-17<sup>th</sup>  Week 2: July 20<sup>th</sup>-24<sup>th</sup>  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](mailto: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?

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### 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?

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### 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?

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### 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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