

CAMPER'S NAME \_\_\_\_\_  
Camp I am attending \_\_\_\_\_

**BOOMER/TOLEDO RECREATION SPORTS CAMP  
ENROLLMENT FORM**—Each child must fill out an application for  
each activity enrolled in.  
**MAKE CHECKS PAYABLE TO: CITY OF TOLEDO**

CAMPER'S STREET ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_

GRADE \_\_\_\_\_

\* \* \*

Medical Insurance Company \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

ID Number \_\_\_\_\_

[Circle T-Shirt Size if Applicable: YS YM YL AS AM AL  
AXL A2X]

I hereby authorize my child's participation in the  
**BOOMER/TOLEDO RECREATION SPORTS  
CAMP**. I know of no mental or physical problems  
that would have an effect on my child's ability to  
safely participate and the camp staff is authorized to  
attend to any health problems or injury my child  
may incur while attending camp.

I understand that my child must have current and  
active medical insurance in order to attend camp.  
Neither my child nor I will hold the City of Toledo  
or Toledo Boomer Boosters liable for any injuries  
or expenses relating to injuries while my child is at  
camp.

I agree that the City of Toledo/Toledo Boomer  
Boosters retain the sole rights to any photographs  
or video of the campers taken at the camp to be  
used for publicity or advertising.

I certify that I have read and fully understand all  
of the above.

Medical or other conditions including allergies:

\_\_\_\_\_  
\_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_