



**RECREATION DEPARTMENT**

28955 Hilliard Blvd. Phone 440.808.5700  
Westlake, OH 44145 Fax 440.808.5690

Thank you for your interest in the Junior Summer Day Camp Counselor Program! Attached you will find an Emergency Medical Information and a Transportation Consent Form. The medical information form is kept on file for each camper and staff member. The transportation form is for your son or daughter to accompany us on the field trip during their week. There are also a set of questions to answer on a separate piece of paper. Please return application packet to the Westlake Recreation Center, attn: Ann Hollows.

**Application for Junior Summer Day Camp Counselor**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
School \_\_\_\_\_ Grade (entering) \_\_\_\_\_

Past Camper? Y N Sibling a past Jr. Counselor? Y N

**Parent/Guardian, please fill out and sign:**

I give my child \_\_\_\_\_ permission to help with the Westlake Recreation Center Summer Day Camp program. *Waiver and Release: In consideration of the City of Westlake granting me the permission to engage in the recreational activities with the Westlake Recreation Department, the undersigned does hereby waive, release, save and hold harmless and indemnify the City of Westlake, its employees, agents, and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Westlake, its employees, agents and independent contractors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Westlake Recreation Department property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Registrants and participants of programs and special events permit the taking of photos and videos of themselves and their children during the Department activities for publication in the program brochure, website, and additional uses as the Department deems necessary. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrators.*

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

**Please respond to the following questions using the back of this form or a separate sheet of paper.**

1. What do you think are the most important qualities for a junior counselor to have?
2. What would you do in this situation: Four or five campers are hanging on you and you notice another camper sitting alone off to the side?
3. What skills/talents do you bring to camp? (First Aid certification, experience caring for children, theatrical or musical talent, sense of humor, patience, good at games, knowledge about nature, etc.)
4. Why would being a junior counselor volunteer be rewarding to you?

## Medical Information & Transportation Consent Form

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

### ***Parent/ Legal Guardian Information:***

Parent name \_\_\_\_\_ Contact number: \_\_\_\_\_

Parent name \_\_\_\_\_ Contact number: \_\_\_\_\_

### **List two other contacts in case of emergency:**

Name \_\_\_\_\_ Contact number: \_\_\_\_\_

Name \_\_\_\_\_ Contact number: \_\_\_\_\_

### **Authorized person(s) to pick up/ drop off my child(ren):**

Name \_\_\_\_\_ Contact number: \_\_\_\_\_

Name \_\_\_\_\_ Contact number: \_\_\_\_\_

Name \_\_\_\_\_ Contact number: \_\_\_\_\_

Name \_\_\_\_\_ Contact number: \_\_\_\_\_

### **Medical information:**

Family Physician: \_\_\_\_\_ Contact number: \_\_\_\_\_

Family Dentist : \_\_\_\_\_ Contact number: \_\_\_\_\_

List any allergies (bee stings, medication, food, etc.- if so, please list along with any medication used):

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

Does the child suffer from: \_\_\_ asthma \_\_\_ diabetes \_\_\_ epilepsy?

If so, indicate the type of medication that is used: \_\_\_\_\_

Does the child wear contacts or corrective lenses? \_\_\_\_\_

Medications regularly taken: \_\_\_\_\_

Permission to administer child's medication during program (if necessary): YES \_\_\_ NO \_\_\_

Other important information to be known by staff:

As a parent and/ or guardian, I do herewith authorize the City of Westlake to provide transportation to the nearest hospital for my minor child in the event of a medical emergency while they are participating in a City of Westlake Program.

I also give the City of Westlake permission to transport my minor child as part of his/ her participation in the youth programs for various daily field trips, by whatever means of transportation the City of Westlake deems appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/ Legal Guardian)