

(Staff Use Only) Camper's Last Name: _____

Farm Camp @ Mill Creek MetroParks

Thank you for registering for Youth Farm Camp at Mill Creek MetroParks! Please complete this packet and return it to the Wick Recreation Area office **before or on the first day of camp**. If a sibling is also registered to attend, please fill out a separate packet and emergency medical form.

Camp Location: MetroParks Farm | 7574 Columbiana-Canfield Rd. | Canfield, OH 44406

Time (based on age): 6-12 years old: 4:30 PM – 5:45 PM

Dates: July 6th – 9th, 2026

Activity of the Day:

- **Monday, July 6th:** Archery (Target Shooting)
- **Tuesday, July 7th:** Archery (Target Shooting)
- **Wednesday, July 8th:** Disc Golf (Field Course)
- **Thursday, July 9th:** Disc Golf (Forest Course)

What to wear?

- Comfortable, athletic clothing for recreational activities & closed-toe shoes
- Poncho/rain jacket in case of rain – we will play in the rain!
- Hat and/or sunglasses (optional)

What to bring?

- Reusable water bottle clearly labeled with child's name and date
- Sunscreen/insect repellent (must be applied before drop-off)
- Prescribed medications (inhaler, epi-pen, etc.), if necessary

DAILY DROP-OFF & PICK-UP INFORMATION

Drop-off is within 30 minutes before the camp starts.

Pick-up is within 30 minutes after the camp ends.

****Drop-off and pick-up will be at Barn #4 at the MetroParks Farm****

_____ may be dropped off and/or picked up by the following people:
(Camper's Name)

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Parent/Guardian's Signature

Date



(Staff Use Only) Camper's Last Name: _____

Farm Camp @ Mill Creek MetroParks

Camper Contact Form

Camper's Name: _____

Birth date (mm/dd/yyyy): _____ / _____ / _____ Age: _____

Street Address: _____

City/State/Zip: _____

Parent/Guardian Name #1: _____

Phone: _____ Email: _____

Parent/Guardian Name #2: _____

Phone: _____ Email: _____

EMERGENCY CONTACT LIST:

Emergency Contact Name #1: _____

Phone: _____ Email: _____

Relationship to the Camper: _____

Emergency Contact Name #2: _____

Phone: _____ Email: _____

Relationship to the Camper: _____

Emergency Contact Name #3: _____

Phone: _____ Email: _____

Relationship to the Camper: _____

Parent/Guardian's Signature

Date



(Staff Use Only) Camper's Last Name: _____

Farm Camp @ Mill Creek MetroParks

Camper Medical Form

PRIMARY PHYSICIAN'S NAME

Phone #

Address

City/State/Zip

Preferred Hospital

MEDICAL HISTORY

(write in **NOT APPLICABLE** if any line item does not apply to your child)

Allergies (types & reactions): _____

Chronic physical conditions: _____

Physiological or behavioral concerns: _____

History of hospitalization: _____

List any other conditions or concerns that we should be aware of:

Prescribed medications currently administered:

Medication: _____ Dosage: _____ Time Given: _____

Medication: _____ Dosage: _____ Time Given: _____

Parent/Guardian's Signature

Date



(Staff Use Only) Camper's Last Name: _____

Mill Creek MetroParks | Waiver of Liability

I acknowledge that I have voluntarily chosen to participate in or allow my child to participate in this recreational activity/reservation offered by Mill Creek MetroParks. In consideration of permission granted to me or my child to engage in the recreational activity/ reservation, I, the undersigned, on behalf of myself, my heirs, executors, administrators, and assigns, agree to the following terms and conditions, which release Mill Creek MetroParks, its employees, public officials, agents, officers, assigns, and volunteers (herein collectively referred to as Mill Creek MetroParks) from any potential liabilities arising from participation or attendance:

Assumption of Risk: I understand that participating in recreational activities/reservations involves inherent dangers, including but not limited to the risk of personal injury (physical or emotional), property damage, paralysis, disability, or death. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, regardless of how remote and unlikely. These risks may arise from various factors, including but not limited to the nature of the sport, equipment used, environmental factors, terrain/field conditions, and the actions or inactions of others.

Waiver of Liability: In consideration for being allowed to participate in this recreational activity/reservation, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby fully and forever release, discharge, and hold harmless Mill Creek MetroParks from any and all claims, liabilities, demands, actions, or causes of action, whether directly or indirectly related to any loss, damage, or injury, sustained by me or my child while participating in the program. This waiver and release is intended to and does release Mill Creek MetroParks from any and all liability for damages or injuries of or in any way related to or growing out of participant negligence, the negligence of third parties, and/or the negligence of Mill Creek MetroParks.

Indemnification: I agree to indemnify and hold Mill Creek MetroParks harmless from any and all claims, suits, actions, damages, liabilities, costs, or expenses, including reasonable attorney fees, arising directly or indirectly from my participation in recreational activities/reservations and any claims brought by third parties as a result of my actions or negligence.

Medical Treatment: I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the activity/reservation. I acknowledge and understand that I am solely responsible for any medical expenses or treatment that may arise from any injuries sustained while participating in the activity/reservation.

Compliance with Rules and Regulations: I agree to comply with all rules, regulations, and safety guidelines established by Mill Creek MetroParks and its designated program staff. Failure to comply with these rules may result in my immediate removal from the recreational activity/reservation without any refund or compensation.

I have read this waiver carefully and understand its contents. I acknowledge that by signing below and/or clicking the accept box, and/or by paying the fees associated with such recreational activity/reservation, I voluntarily and willingly assume all risks associated with participating in the recreational activity/reservation and release Mill Creek MetroParks from any and all liabilities.

Name (Printed): _____

Signature: _____ Date: _____

