



# 2020 PORTAGE TRAILBLAZERS

SUMMER CAMP REGISTRATION AGES 6-21 YEARS OLD

Funding Provided by Portage County Board of DD for eligible participants

Please return completed form to:  
Akron Rotary Camp  
4460 Rex Lake Drive  
Akron, OH 44319  
330-644-1013 (Fax)  
rotarycamp@akronymca.org (email)

New location for 2020:  
Stanton Middle School  
1175 Hudson Rd.  
Kent, OH 44240

## 2020 ROTARY CAMP DATES AND RATES

### Portage Trailblazers Day Camp (Monday-Friday 9am-3pm)

- June 8 - 12     June 15 - 19     June 22 - 26
- July 6 - 10     July 13 - 17     July 20 - 24

No. of Weeks \_\_\_\_\_ x 305 = \$ \_\_\_\_\_ - \$50 Deposit/Co-Pay\*(per session) = \$ \_\_\_\_\_

Is Camper DD Board Qualified?     Yes     No

If so, what county?

My camper is Portage DD Board eligible.  
\*Campers eligible for Portage DD Board services will have the camp fees 100% subsidized by the Portage DD Board.

Please visit us online for more information regarding our camp, support groups and other programs. Connect with us on Facebook!

The following information is for statistical purposes only. It is used in reports to foundations and other funding organizations. Please help us keep our camp costs low by providing the following information.

What is the total number of persons in your household?

What is your total household income?

Please specify Camper's race:

- White/Caucasian     Black/African American
- Hispanic/Latino     Asian/Pacific Islander
- Native American Indian     Other

Unless billing to an authorized third party, all incomplete registration forms and those without deposits will be returned. If you need to make arrangements on deposits, please call 330.644.4512 before mailing.



Camper's Name

Home Address

City                      State                      Zip                      County

Telephone                      Email

DOB                       Male                       Female

Camper's Primary Diagnosis

Allergies

Parent / Guardian's Name

Parent / Guardian's DOB

Primary Phone                      Business/Cell Phone

Email

In case of emergency, please provide two additional contacts and telephone numbers who could pick up your camper:

Name                      Phone                      Relationship to Camper

Name                      Phone                      Relationship to Camper



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Camper's Name \_\_\_\_\_

## PAYMENT INFO

**Total Amount:**

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**PERSONAL CHECK**  
(Include with Registration)

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**AGENCY**

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Billing Agency Name

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Contact Person

Phone

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Address

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Total Amount to be Billed

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**CREDIT CARD\***

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**AUTOMATIC CHECKING DRAFT\***

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**\*Once the registration packet is received, you will be contacted to collect your form of payment.**

## FINANCIAL & CANCELLATION POLICIES

- Campers with outstanding balances will not be permitted to enroll in upcoming program sessions.
- Deposits are due at the time of registration. If paying through a third party, it is the parent's / caregiver's responsibility to ensure that a written agreement between Rotary Camp and the third party is on file.
- Financial assistance and payment plans are available to qualifying campers and families based on income and/or need. Paperwork must be submitted annually for consideration.
- For summer camp programs, all balances are due in full 2 weeks prior to the camper's session. Campers who do not have financial arrangements made by then, may be taken off the roster for their assigned programs. Arrangements can be made by calling 330.644.4512
- Cancellations made prior to the session date are eligible for a refund less the deposit.
- No-Show/No-Call: The family must call camp a minimum of one hour before check-in to cancel or the family will be billed 1/2 the session fee and may be taken off the roster for future sessions.
- Late pick-up: The family will be billed \$25.00 for every 15 minutes per camper.
- Due to the generosity of our community, Rotary Camp programs are subsidized through many individual and corporate donations. We are unable to offer refunds for campers who attend a partial or entire camp session. This includes campers sent home for illness and behavioral needs.

**This must be signed and dated before camper's registration is complete**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Camper's Name \_\_\_\_\_

## AUTHORIZED PICK UP

The following person/s are authorized to pick up my camper/s from Akron Rotary Camp. **Valid ID may be requested.**

1.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to Camper**

2.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to Camper**

3.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to Camper**

**I understand that Akron Rotary Camp will only release my camper/s to the authorized persons listed above, in addition to myself.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship to Camper**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**