2019 Sports Clinics/Camps

Registration Form



Please indicate which program(s) your child will attend. If more than one sibling will attend, complete a separate registration form for each child. Reservation will be held upon receipt of completed registration form and fee. Children must fit ages indicated. Where deadline is listed, additional fee will apply after deadline.

Child's Name:		Age:	
Name of Adult Registering You	uth:		
Address of Adult Registering Y	outh		
Phone Number of Adult Regist	ering Youth		
Amount Enclosed: \$	(Make checks p	payable to: Mill Creek Metro	Parks)
June 17 – 19 5:30-7 pn	Ages 8 – 13 Wick Red n (Registration and Fee D r \$30.00; Non-Resident: \$		A (330.740.7114 X 282)
June 26 & 27, 10 am – r	es 7 - 14 Wick Recreation oon (Registration and Fet: \$20.00; Non-Resident: \$		RA (330.740.7114 X 282)
July 8 – 11 10 am – 3 p	om (Registration and Fee	es 7-12 Different Location Due by July 3) 105.00 Register through WR	•
July 23 – 27 6 – 8 pm (es 8 – 14 MetroParks F Registration and Fee Due Von-Resident: \$70.00. R		40.7114)
August 6 & 7 10 am - I	CLINIC Ages 6 – 12 Vo Noon (Registration and Fe \$30.00; Non-Resident: \$		RA (330.740.7114 X 282)
August 5 – 9 Times and Please register at: http	d prices differ by age and	ger Sports Ages 3 – 14 Wi session (register by 7/26 to a s.com/international_soccer/	

Please Register early. Space is limited.

Questions? Please Contact: Mill Creek MetroParks, Recreation Department

Wick Recreation Area 1861 McCollum Rd.

Youngstown, Ohio 44509 330-740-7114 X 282

2019 Summer Sports Clinics/Camps Emergency/ Contact Information Form



Camper's Name:	Birth Date:	Age:
Address:		
City:	State: Zip	ρ:
Mother / Guardian Name		
Phone:	Email	
Cell Phone	[] I have t	ext messaging on this cell phone
Father/Guardian Name		
Phone:	Email	
Cell Phone	[] I have t	ext messaging on this cell phone
Other Emergency Contacts:		
Name::	Relationship:	Phone:
Family Physician:		Phone:
Person(s) permitted/responsible	for picking up child:	
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
kind arising from my child's part	icipation in this program.	nd volunteers from all claims or liabilitie be used in printed or website publication
Signature of Pa	rent or Guardian	Date