



# 2026 DAY CAMP REGISTRATION FORM

## City of Ionia Parks and Recreation

**SESSION 1:** June 8th through July 2nd  
**SESSION 2:** July 13 through August 7th

9am-3pm at Hale Park, Armory and Field Trips  
Registration Deadline is June 6th (session 1) or July 3rd (session 2)  
**60 kids MAX, NO REFUNDS WILL BE GIVEN AFTER CAMP STARTS**

**Cost includes:** T-shirt, tentative field trips to Ionia Theatre, Bulldog Aquatic Center Pool, Ionia Skateland, bowling alley and The library's summer reading events. Campers will need to bring money if wanting to buy concessions on applicable trips. **There is no price break for signing up for both sessions. We provide the lowest possible price initially to participants.** There will be counselors running activities, crafts, sports and games through the week at the park. Lunches will be provided by the Ionia Public Schools free lunch program Monday –Friday. Rainy days the camp is held at the Armory .

**SESSIONS MAY BE PRO-RATED ON A WEEKLY BASIS IF THERE IS AVAILABILITY NEAR THE END OF REGISTRATION. FULL-TIME CAMPERS WILL BE REGISTERED FIRST.**

**SESSION 1 (6/8-7/2)**  
City Resident \$260 / Non \$280

**SESSION 2 (7/13-8/7)**  
City Resident \$260 / Non \$280

**BOTH SESSIONS**  
City Resident \$520 / Non \$560

### Parent Information:

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

### Camper Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

**T-Shirt Size: Youth S M L Adult S M L XL XXL**

### Waiver of Liability

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program(s) or event(s) pertaining to the City of Ionia, Department of Parks and Recreation or the Ionia School District., I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGALLY BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators, and assigns may have against The City of Ionia, department of Parks and Recreation, the Ionia School District., any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity or sponsor connected with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES INCLUDING DISABILING INJURY AND / OR DEATH OR DAMAGES WHICH I, MY CHILD, WARD OR HEIR MAY SUFFER while taking part in such programs or events as a result thereof.

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

## Health History Record

### City of Ionia Parks and Recreation Department

Dear Authorized Person:

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper. Fill out the information requested. (Use back of form if additional space is required).

**Authorized person means a parent, guardian, or adult camper's designee.**

Camper's Name (Last)	First	Middle	Sex	Date of Birth
Address (Number and Street)	City	Zip	Home #	
Authorized Person's Name (Last)	First	Middle	Work #	
Address (Number and Street)	City	Zip	Emergency #	

Is the camper having any of the problems listed below?	Yes	No		Yes	No
Hay fever, asthma, or wheezing			Trouble with passing urine or bowel movements		
Eczema or frequent skin rashes			Shortness of breath		
Convulsions/seizures			Speech problems		
Heart Trouble			Menstrual problems		
Diabetes			Dental problems		
Frequent colds, sore throats, ear aches			Other		

Please explain any problem areas identified above including current infectious diseases:

Operations or Injuries:

Explain any special health, behavioral or emotional consideration(s):

Medications Needed or Used (Including Psychiatric)			Currently Being Used?		
Kind	Frequency	Dosage	Yes	No	

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs)

Should the camper's activity be restricted because of any physical limitation or illness?

I certify that this information is true to the best of my knowledge	Authorized Person's Signature:	Date:
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Please Fill out this permission slip naming the person(s) that can pick up your child from Day Camp. Any person not on the list or who does not have I.D. will not be able to take your child. If you need more spaces you may use the back of the sheet. Any changes must be submitted in writing by parent or guardian submitting registration. Thanks, Ionia Parks and Recreation

**Person #1**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

**Person #2**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

**Person #3**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

**Person #4**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_

I give \_\_\_\_\_ my permission to ride Dial A Ride to participate in the Summer Day Camp field trips.

\_\_\_\_\_ (Child's name)

\_\_\_\_\_ (Parent Signature)

\_\_\_\_\_ (Phone Number)

\_\_\_\_\_ (Date)

If you have any questions Please feel free to call our Staff at 616-523-1800  
We are also open 9 to 5 Monday through Friday.

Ionia Parks& Recreation  
439 W. Main St.  
Ionia, MI 48846