



2026 EXPLORE Summer Camp – Permission and Waiver Form

Please fill out the applicable sections of this permission and waiver form and return via email to workforcecenter@fairfieldcountyohio.gov or drop off in-person at 4465 Coonpath Rd., NW, Carroll Ohio 43112. **A completed, signed form is necessary for your child to participate in the EXPLORE Summer Camp(s).**

☐ I acknowledge that my typed signature is the legal equivalent of my manual /handwritten signature on these documents.

Child's Name(First, Last): _____

Child's Date of Birth: _____ Gender/Pronouns: _____

Address: _____

City: _____ State: _____ ZIP: _____

Which school district is the child enrolled in for the 2026-2027 School Year?:

☐ Amanda-Clearcreek ☐ Berne Union ☐ Bloom-Carroll ☐ Canal Winchester

☐ Fairfield Union ☐ Lancaster ☐ Liberty Union ☐ Pickerington ☐ Walnut Township

School Grade for 2026-2027 School Year: ☐ 6th Grade ☐ 7th Grade ☐ 8th Grade

Please list below any individuals who have permission to pick up the participating child from the EXPLORE Summer Camp(s).

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Please initial the camps you would like your child to attend. Students cannot attend two sessions of the same camp.

Healthcare Heroes _____ Session 1: June 8th – 12th

Builders Camp _____ Session 1: June 15th – 18th _____ Session 2: July 6th – 10th

Team STEAM Camp _____ Session 1: June 22nd – 26th _____ Session 2: July 13th – 17th



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Known Allergies or Medical Conditions: _____

Known Dietary Restrictions: _____

Parent/Guardian Name: _____

Telephone Number(s): _____

E-Mail: _____

Secondary Emergency Contact Name: _____

Telephone Number(s): _____

E-Mail: _____

Name of Child's Primary Care Physician: _____

Contact Number of Child's Primary Care Physician: _____

In the event of an emergency, do staff of Fairfield County, Hocking College, Fairfield County Educational Service Center, and/or Ohio University Lancaster have permission to transport the child to the appropriate emergency intake facilities?

Yes

No

Is there anything else we need to be aware of? Please describe below:



The undersigned parent(s)/guardians desire that this child participate in the EXPLORE Summer Camp(s) at Fairfield County Workforce Center. I acknowledge and agree that the use of any equipment under the supervision of Fairfield County Workforce Center faculty or staff and all trips taken under their direction shall be for the benefit of my child. In consideration of the above, I voluntarily assume all risks of accident injury, damage to property, and intend to release and discharge Fairfield County, the Fairfield 33 Development Alliance, Ohio University, and Hocking College for any injury, illness, or damage arising out of their participation in said program.

If your child requires any reasonable accommodations, program modifications, and/or inclusion services in order to ensure safe and equal access to all program activities, a **Reasonable Accommodation Request Form** must be completed and attached to this permission form.

Printed Name

Relationship to Child

Email Address

Telephone Number

Signature

Date

I grant permission to Fairfield 33 Development Alliance to photograph and/or film my child while they are participating in EXPLORE Summer Camp activities. I agree to let the Fairfield 33 Development Alliance to publish or make other appropriate use of these films, images, and other reproductions.

Printed Name

Relationship to Child

Signature

Date



2026 EXPLORE Summer Camp – Reasonable Accommodation Request Form

To request an accommodation, please complete this form in full and submit it along with the EXPLORE Summer Camp – Permission and Waiver Form. Requests should be received as soon as possible, but no later than 5 business days prior to the start of the program.

Child's Name(First, Last): _____

Summer Camp(s) registered for: _____

Weeks attending: _____

What type of accommodation(s)/modification(s) are you requesting?:

Additional Information:

Parent/Guardian Signature: _____ Date: _____



2026 EXPLORE Summer Camp – Information Form

Doors to the building open at 8:30am. Students must be dropped off no later than 9:00am and picked up by 12:00pm at:

Fairfield County Workforce Center
4465 Coonpath Rd. NW
Carroll, OH 43112

Camp Schedule:

HEALTHCARE HEROES CAMP

Session 1: 6/8 - 6/12

BUILDERS CAMP

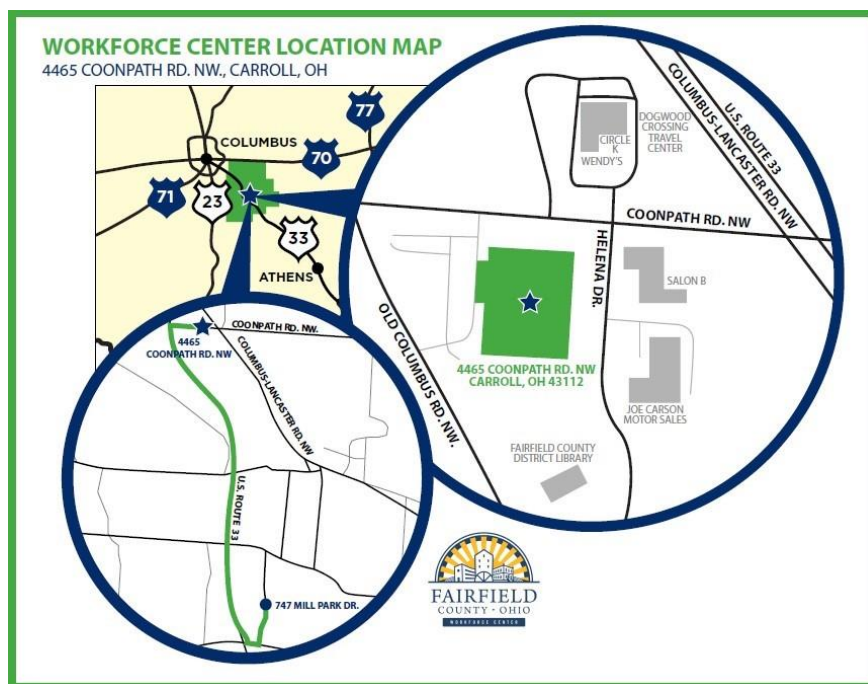
Session 1: 6/15 - 6/18

Session 2: 7/6 - 7/10

Team STEAM CAMP

Session 1: 6/22 - 6/26

Session 2: 7/13 - 7/17



For any questions, please contact:

Jenni Sturgeon

Workforce Clerical Specialist

Fairfield County Economic and Workforce Development

jennifer.sturgeon@fairfieldcountyohio.gov

(740) 652-7177