



2025 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 2025-2026 School Year?:

Amanda-Clearcreek Berne Union Bloom-Carroll Canal Winchester

Fairfield Union Lancaster Liberty Union Pickerington Walnut Township

School Grade for 2024-2025 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 9th – 13th _____ Session 2: July 7th – 11th

Girls STEM _____ Session 1: June 9th – 13th _____ Session 2: July 7th – 11th

Totally Techbot _____ Session 1: June 16th – 20th _____ Session 2: July 14th – 18th

Builders Camp _____ Session 1: June 23rd – 27th _____ Session 2: July 21st – 25th



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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 about? Please describe below:



2025 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: _____

2025 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:

ALL GIRLS STEM CAMP

Session 1: 6/9 - 6/13

Session 2: 7/7 - 7/11

HEALTHCARE HEROES CAMP

Session 1: 6/9 - 6/13

Session 2: 7/7 - 7/11

TOTALLY TECH-BOT CAMP

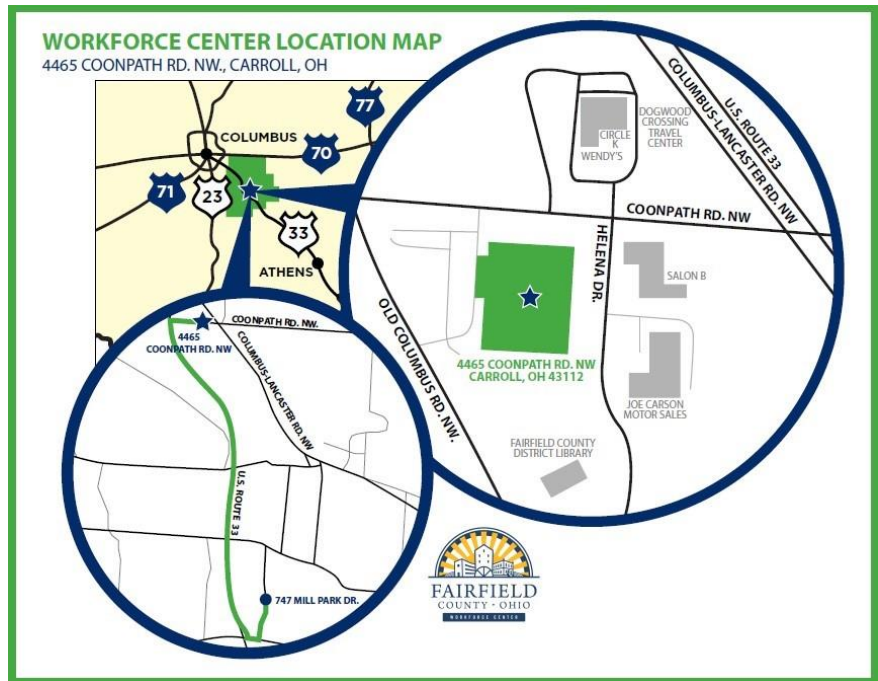
Session 1: 6/16 - 6/20

Session 2: 7/14 - 7/18

BUILDERS CAMP

Session 1: 6/23 - 6/27

Session 2: 7/21 - 7/25



For any questions, please contact:

Jenni Sturgeon

Workforce Clerical Specialist

Fairfield County Economic and Workforce Development

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(740) 652-7177