

# NEXT LEVEL

## YOUTH SUMMER CAMP

GAMER EDITION: 2K26

**REGISTRATION  
STARTS  
February 2, 2026**

**Field Trips  
Included!**

### Registration Fees

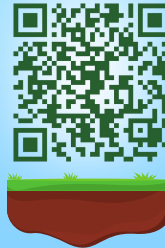
**\$225/Week Per Child  
(Annual Members)**

*\*To get this rate,  
parent/guardian  
and the child  
must be an  
Annual Member*

**★ Before Care - \$50/Week Per Child  
7:00 AM - 9:00 AM**  
**★ After Care - \$75/Week Per Child  
3:00 PM - 6:00 PM**

**\$300/Week Per Child  
(Non-Members)**

Registration is Available In Person!  
Scan the QR Code to Download the Form  
*Refunds are not permitted.  
Proration of fees are not permitted.*



### Day Camp

**Monday- Friday  
9:00am - 3:00pm**

Grades 1<sup>st</sup> - 6<sup>th</sup> are  
eligible to participate  
\*Completion of  
Kindergarten is required

### Sessions/Dates

Session 1: June 1-5  
Session 2: June 8-12  
Session 3: June 15-19  
Session 4: June 22-26  
Session 5: June 29-July 3

Session 6: July 6-10  
Session 7: July 13-17  
Session 8: July 20-24  
Session 9: July 27 -31  
Session 10: August 3-7

The Summer Camp That  
Brings Games to Life!



# Field Trips

# 2026

**Level Up Your Summer With Epic Field Trips and Special Guests!**

*\*\*\*Please note that all Field Trips are subject to change\*\*\**

Session One (6/4)

**SkyZone**



Session Two (6/11)

**Roseland  
Lanes  
Bowling**



Session Three (6/18)

**Natural  
History  
Museum**



Session Four (6/25)

**Aurora  
Movie  
Theater**



Session Five (7/2)

**Lake  
Metro Park  
Farm Park**



Session Six (7/9)

**Streetsboro  
Woodside  
Lake Park  
Swimming**



Session Seven (7/16)

**Preston's  
H.O.P.E  
Park**



Session Eight (7/23)

**Fun N'  
Stuff**



Session Nine (7/29)

**Lake County  
Captains Game**



Session Ten (8/6)

**Great Lakes  
Science  
Center**



## Special Guests!

### Tuesdays

Every week our campers get to enjoy some awesome summer reading with the Twinsburg Public Library Book Mobile visiting us every Tuesday this summer!

### Scheduled Special Guest Dates

Friday, June 5th

Let's Play Mobile Gaming!

Friday, June 19<sup>th</sup> and July 24<sup>th</sup>

Scientist Mike

Friday, July 17th

Tada Magician Show!

Friday, July 31st

Outback Skylar!

## Additional Trips!

### Wednesdays

Campers will visit Twinsburg Summit Metro Park / Nature Center Every Wednesday in June and July 1st, 15th, & 29th!

Campers will also visit the Streetsboro Splash Park on Wednesdays, July 8<sup>th</sup>, July 22<sup>nd</sup> and on August 5th!



# 2026 PROGRAM GUIDE

3100 Glenwood Blvd, Reminderville, OH 44087  
(234) 212-9773

*Get ready for a 10-week summer camp experience that transforms video game excitement into real-world fun! Campers will take part in game-inspired activities, creative challenges, team missions, sports and gym play, pool time, special guests, and fun-filled field trips, all designed to keep kids active, engaged, and using their imagination. Enrollment is limited to 30 campers per week, so early registration is encouraged. This camp is open to children in grades 1-6. Campers must bring a bagged lunch each day. Full payment is due at the time of registration and covers all five days of each camp week.*

**Refunds and Proration of Fees are NOT permitted.**

## CAMP HOURS: 9:00 AM - 3:00 PM

**BEFORE CARE: 7:00 AM - 9:00 AM**

**AFTER CARE: 3:00 PM - 6:00 PM**

CAMP WEEKLY FEES	
ANNUAL MEMBERS	\$225/Week Per Child <small>To get this rate, parent/guardian and the child must be an Annual Member</small>
NON-MEMBERS	\$300/Week Per Child
BEFORE CARE	\$50/Week Per Child
AFTER CARE	\$75/Week Per Child

PLEASE SELECT CAMP T-SHIRT SIZE	
YS	
YM	
YL	
AS	

**Please Select All Camp Sessions and Before/After Care your child will be participating in.**

- Session 1: June 1-5 (Theme: The Ultimate Gamer's Guide)
- Session 2: June 8-12 (Theme: Pixel Perfect Summer Jam)
- Session 3: June 15-19 (Theme: Craft, Build, Create!)
- Session 4: June 22-26 (Theme: Journey Through Game Worlds)
- Session 5: June 29-July 3 (Theme: The Game Board Gauntlet)
- Session 6: July 6-10 (Theme: Turbo Legends)
- Session 7: July 13-17 (Theme: Mining Madness)
- Session 8: July 20-24 (Theme: Level-Up Grand Prix)
- Session 9: July 27-July 31 (Theme: Build Mode Activated)
- Session 10: August 3-7 (Theme: Race Around the Game Board!)

- |                   |                                      |                                     |
|-------------------|--------------------------------------|-------------------------------------|
| June 1-5          | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| June 8-12         | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| June 15-19        | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| June 22-26        | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| June 29 - July 3  | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 6-10         | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 13-17        | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 20-24        | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| July 27 - July 31 | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |
| August 3-7        | <input type="checkbox"/> Before Care | <input type="checkbox"/> After Care |

## Camper Information (One Application Per Child)

Camper Name: \_\_\_\_\_ Gender (Circle): M or F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Check One: ( ) ANNUAL MEMBER ( ) NON-MEMBER

**Payment and Refund Policy: Payments are due in full at time of registration.**

**Refunds and Proration of Fees are NOT permitted.**

BY MY SIGNATURE I UNDERSTAND THAT THE REMINDERVILLE ATHLETIC CLUB AND THE CITY OF REMINDERVILLE, THEIR EMPLOYEES, VOLUNTEERS, INDEPENDENT CONTRACTORS AND SPONSORS WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES SUFFERED ON OR OFF THE PLAYING FIELD/COURT OR WHILE ENROUTE TO AND FROM EVENTS/GAMES/PROGRAMS/CLASSES. I UNDERSTAND NO SUPPLEMENTAL MEDICAL INSURANCE IS OFFERED AND ASSUME RESPONSIBILITY FOR ANY SUCH COSTS. I GIVE PERMISSION FOR OUR IMAGES TO BE USED BY THE RECREATION DEPARTMENT FOR BROCHURES, FLYERS, OR OUR WEBSITE UNLESS OTHERWISE SPECIFIED. I AGREE THAT OUR FAMILY WILL UPHOLD THE HIGHEST STANDARDS OF CONDUCT AND UNDERSTAND THAT THE RECREATION DEPARTMENT HAS THE AUTHORITY TO SUSPEND OR TERMINATE PARTICIPATION AND/OR BAN ATTENDANCE AT FACILITIES.

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

PLEASE PRINT NAME

DATE:

Every parent/guardian will be given or emailed a copy of the, Youth Summer Camp Parent Handbook and an Emergency Medical Authorization Form that requires a parent/guardian signature, after registration has been completed. All summer camp forms and documents are due by your child's first day of camp in order for your child to participate.

I have acknowledged that my child cannot participate in the Reminderville Youth Summer Camp until all required forms and documents have been submitted. All documents need to be submitted to us by your child's first day of camp in order for your child to participate.

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

PLEASE PRINT NAME

DATE:

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

In consideration of use of the RAC as provided in the Agreement, User, on behalf of any/all person(s) included in the Agreement, agrees to assume all risks involved in use. User understands that an inherent risk of exposure to COVID-19 exists in any public place where people are present or have been present. User acknowledges that COVID-19 is an extremely contagious disease that can lead to severe illness and death. User voluntarily assumes all risks related to exposure to COVID-19, on behalf of User, any/all persons included in the Agreement, his/her/their heirs, executors, administrators, and assigns. User, on behalf of any/all person(s) included in the Agreement shall comply with CDC guidelines and Responsible RestartOhio requirements (Exhibit A), and as may be subsequently amended. User acknowledges and understands that failure to comply will result in termination of his/her/their use of the RAC.

In consideration of use of the RAC as provided in the Agreement, on behalf of User, any/all person(s) included in the Agreement, his/her/their heirs, executors, administrators, and assigns, User does hereby release, discharge, indemnify, and hold harmless the City, its officers, employees, agents, and assigns from any and all liability, claims, costs, expenses, injuries, damages and/or losses User may sustain as a result of participation in the Agreement and use of the RAC.

**USER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



### FIRST PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

### SECOND PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

### HEALTH

Does your child have any chronic health issues? If so, please explain.

\_\_\_\_\_

Does your child have any allergies?  No  Yes *\*If you selected yes, please explain.*

\_\_\_\_\_

Any food not to be offered?  No  Yes *\*If you selected yes, please explain.*

\_\_\_\_\_

Does your child have difficulty with hearing, speech or vision?  No  Yes

*\*If you selected yes, please explain.*

\_\_\_\_\_

**Please list any medications or supplements your child currently takes.**

Please note that we do not have a nurse aid on site or any staff that is permitted to provide or administer any medication to your child. No child shall be in possession of any medication for any reason at any time while attending any RAC programming. If there is medication that needs to be given to your child, the parent/guardian of the child may administer the medication to them outside of programming areas.

\_\_\_\_\_

\_\_\_\_\_

Is there anything the RAC Staff should be aware of?  No  Yes *\*If you selected yes, please explain.*

\_\_\_\_\_

# Emergency Information

**Purpose:** To enable parents/guardian to authorize the provision of emergency treatment for children who become ill or injured. The information requested is especially important if you cannot be reached or if you are out of town.

Camper Name: \_\_\_\_\_  
LAST FIRST

## PERSONS AUTHORIZED TO PICK UP MY CHILD

**Please list parent/guardian name(s) if you or they will be picking up your child. Please note that anyone that is not listed, may not pick up your child. If you need to update this list, please contact the Recreation Manager.**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

Are there any persons who may not pick up your child? \_\_\_\_\_

Are there any special custody or visitation arrangements that we should be aware of? If so, please provide written documentation.

## To Grant Consent

*In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably accessible and the administration of any treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for each surgery are obtained prior to the performance of such surgery.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*In consideration of your accepting myself, my child or my family's entry, I hereby, for myself, my child and my family, waive and release any and all rights and claims for damages we may have against the City of Reminderville, their representatives, successors and assigns for any and all injuries suffered by myself, my child or my family in any activity sponsored by these groups. I do hereby grant and give these groups the right to use myself, child or family in photographs or images with or without myself, my child or family's name, both single and in conjunction with other persons or object for the purpose of advertising and publicity only. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Reminderville harmless of and from any and all liability of whatever nature which may arise out of or result for such uses.*

# EMERGENCY MEDICAL AUTHORIZATION

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_

Purpose: *To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

Parent or Guardian Information:	Home Phone	Work Phone	Cell Phone	Email Address
Mother's Name:				
Father's Name:				
Alternate Contact Name:				
Address:	<i>Relationship to child:</i>			

## PART I OR PART II MUST BE COMPLETED

### PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Phone: \_\_\_\_\_

- In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.
- This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for each surgery, are obtained prior to the performance of such surgery.
- Pertinent health information will be shared with appropriate school staff only on a need-to-know basis.
- Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Parent or Guardian*

### PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In event of illness or injury requiring emergency treatment, the school authorities may take the following action: \_\_\_\_\_

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Parent or Guardian*