

Camp Registration Form

School# _____

School Name _____

| | |
|--|---|
| Camper | Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date _____ Grade in the Fall: _____ |
| | Address: _____ City: _____ State _____ Zip _____ |
| | Does your child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please describe custody arrangement & provide documentation. _____ |
| | Does your child know how to swim? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you give permission for your child to swim in camp programs? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your child permitted to participate in all activities on camp field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------|---|
| Parent/ Guardian | Name: _____ Cell Phone _____ Work Phone _____ Home Phone: _____ |
| | Address: _____ City: _____ State _____ Zip _____ |
| | Email _____ Employer name & address _____ |

| | |
|---------------------------|---|
| Other Parent/ Guardian | Name: _____ Cell Phone _____ Work Phone _____ Home Phone: _____ |
| | Address: _____ City: _____ State _____ Zip _____ |
| | Email _____ Employer name & address _____ |

| | |
|----------------------|---|
| Others Authorized | Other Individuals Authorized to Pick-Up This Child |
| | Name: _____ Relationship _____ Address: _____ Cell Phone: _____ |
| | Name: _____ Relationship _____ Address: _____ Cell Phone: _____ |

| | |
|---|---|
| Medical Information | Child's Physician _____ Physician's Phone _____ |
| | Child's Dentist/Orthodontist _____ Dentists/Orthodontist's Phone _____ |
| | Medical Insurance Provider (Please submit a copy of insurance card) _____ Policy Number _____ |
| | Health History (Choose all that apply & provide copy of immunizations) <input type="checkbox"/> Ear Infection <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder |
| | Allergies <input type="checkbox"/> Pollen <input type="checkbox"/> Poison Oak/Ivy/Sumac <input type="checkbox"/> Penicillin <input type="checkbox"/> Insect Stings (Specify) _____ <input type="checkbox"/> Foods (Specify) _____ <input type="checkbox"/> Other (Specify) _____ |
| | Operations, serious injuries, diseases, or restrictions on physical activity: _____ |
| | Current medication and purpose (all medication sent to camp must be given to camp director and clearly labeled with doctor's instructions) _____ _____ |
| Behavioral conditions or problems of which camp staff should be aware _____ | |

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the camp staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____