

Town of Esopus Summer Recreation Program 2018
Ross Park, Port Ewen



CAMPER REGISTRATION FORM
All information will be kept confidential

- | |
|------------------------|
| Registration # _____ |
| 2. Proof of Res. _____ |
| 3. Immun Record _____ |
| 4. Cash/Check \$ _____ |
| Receipt # _____ |
| 5. Camper Commit _____ |

RETURNEE OR NEW

Camper's name: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Home Address _____

Grade (Fall 2018) _____ School: _____

PRIMARY CONTACT

Parent/Guardian Name _____

E-mail _____

Daytime Phone (9am-3pm) _____

Place of Work: _____ Work Phone: _____

Cell Phone/other phone numbers _____

Please list local persons to call if primary contact is unavailable. These contacts must know they are listed and be available anytime during camp hours.

1) Name: _____

Phone: _____ Relationship _____

2) Name: _____

Phone: _____ Relationship _____

3) Name: _____

Phone: _____ Relationship _____

Camper's Name _____

CHILD HEALTH HISTORY

Medical History is to include the child's current immunization records.

CURRENT HEALTH STATUS (allergies, diseases, physical challenges, health problems, prior injuries, etc.) _____

Specific restrictions: _____

Is the Camper on medication? YES NO
If yes, will the camper need to take medication at camp? YES NO

Name of Medication: _____

Condition: _____

Please note that all medicine including aspirin, inhalers Benadryl, cough suppressant, etc. must be accompanied by written permission from a physician.

****IMPORTANT**** Please notify the director if your child has been exposed to any communicable diseases in the three weeks prior to attending camp!

Name of Family Physician: _____ Phone: _____

For emergency use only:
Name of Medical Insurance: _____
Hospital of Preference: _____

THE FOLLOWING AUTHORIZATION MUST BE COMPLETED AND SIGNED BY THE PARENT OR LEGAL GUARDIAN ONLY:

This form, to the best of my knowledge is correct and the child herein has my permission to engage in the program activities except those indicated by me. In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director, Assistant Camp Director, EMT or other designated medical professional to hospitalize or secure proper treatment for my child as named above. I understand that my child will participate in the Town of Esopus Summer Camp Recreation Program at his/her own risk.

Print Name: _____

Signature: _____