

Town of Esopus Summer Recreation Program 2020  
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 2020) \_\_\_\_\_ 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 (attached) CURRENT HEALTH STATUS (allergies, diseases, physical challenges, health problems, prior injuries, etc.) \_\_\_\_\_

\_\_\_\_\_  
Specific restrictions of activities: \_\_\_\_\_

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 identified above 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.

The undersigned shall hold harmless the Town of Esopus, and its representatives against any and all liabilities, claims, and costs of whatsoever kind and nature for injury or death of any registered camper for loss or damage to property occurring in connection with participation with any camp activity.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_