Camp Registration Form 2016

Child's shirt sizes (please circle one)

YS YM YL AS AM AL AXL

Please check the session(s) your child is registering for:

DAY CAMP

11-1 ☐Session 1 - 6/20-7/1

11-2 ☐Session 2 - 7/5-7/15
(NO Camp on Mon. 7/4)

11-3 ☐Session 3 - 7/18-7/29

11-4 ☐Session 4 - 8/1-8/12

TRAVELIN' TEENS

13-1 ☐Session 1 - 6/20-6/24

13-2 ☐Session 2 - 6/27-7/1

13-3 ☐Session 3 - 7/5-7/8

13-4 ☐Session 4 - 7/11-7/15

13-5 ☐Session 5 - 7/18-7/22

13-6 ☐Session 6 - 7/25-7/29

13-7 ☐Session 7 - 8/1-8/5

13-8 ☐Session 8 - 8/8-8/12

Camper's name_____

Address_____City_____Zip code_____

Home phone_____Date of Birth_____/_____/_____Male/Female

Grade completed_____School name_____

Please place with _____ (no guarantees)

Mother's name_____Work phone_____Employer_____

Email_____**Cell Phone**_____

Father's name_____Work phone_____Employer_____

Email_____**Cell Phone**_____

Guardian's name_____Work phone_____Employer_____

Emergency contact person (other than parents or guardian) Name_____

Phone_____ **Cell Phone**_____

Email_____ Relationship_____

Emergency contact person's address _____ City_____

Those adults who have permission to pick up my child from camp are:

Name Address Phone Number

1._____

2._____

3._____

4._____

Please circle all that apply to your child.

Is your camper allergic to: Bee Stings Insect Bites Poison Ivy Particular foods Other

Please specify_____

Has your camper had or been subject to: Seizures Heart trouble Convulsions Fainting spells

Asthma Diabetes Other_____

Has your camper been immunized against: MMR HIB DTP Polio Hepatitis YES NO

If no, please specify_____

Has your child had a Tetanus shot? YES NO

Is your camper under medical care for any illness or health problems? YES NO

If yes , please specify_____

Is your child on medication? YES NO

If yes, please specify medication_____

•An "Administration of Medicine by Camp personnel" form is available at the Park and Recreation Office and a signed Doctor's order must be turned in to the Camp Nurse before the start of camp for every medication that will be administered to your child during camp.

Should your camper's activities be restricted in any way? YES NO

If yes, please specify_____

Name of child's Doctor_____Phone_____

I have read, understand and agree to the terms and conditions of the Orange Park and Recreation Summer Camp Program as outlined in the preceding pages.

Signature_____Date_____
Parent/Legal Guardian Month Day Year

Emergency Medical/Surgical Treatment Permission Waiver

In the event of an emergency, accident or other mishap, I authorize that my child,

_____be taken to _____
(child's name) (hospital of first choice)

for emergency medical/or surgical treatment which a physician or dentist may determine is necessary for my child's health and well being. I authorize the Park and Recreation Department to seek emergency medical treatment for my child, including, but not limited to, surgical and possible life saving measures as may be necessary according to the attending physician. I hold harmless the Town of Orange, its officials, employees or agents from all liability which may arise from the aforementioned action. I understand that every attempt will be made to contact me before such a decision is made.

Signature_____
Parent/Legal Guardian

Date_____
Month Day Year

Child's name_____

Please circle each day needed. Cost for <u>each</u> early or late session is $7.00.

SESSION 1	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Week 1	Early Stay	Early Stay	Early Stay	Early Stay	Early Stay
6/20-6/24	Late Stay	Late Stay	Late Stay	Late Stay	Late Stay
Week 2	Early Stay	Early Stay	Early Stay	Early Stay	Early Stay
6/27-7/1	Late Stay	Late Stay	Late Stay	Late Stay	Late Stay
SESSION 2					
Week 3	**NO CAMP**	Early Stay	Early Stay	Early Stay	Early Stay
7/4-7/8	**NO CAMP**	Late Stay	Late Stay	Late Stay	Late Stay
Week 4	Early Stay	Early Stay	Early Stay	Early Stay	Early Stay
7/11-7/15	Late Stay	Late Stay	Late Stay	Late Stay	Late Stay
SESSION 3					
Week 5	Early Stay	Early Stay	Early Stay	Early Stay	Early Stay
7/18-7/22	Late Stay	Late Stay	Late Stay	Late Stay	Late Stay
Week 6	Early Stay	Early Stay	Early Stay	Early Stay	Early Stay
7/25-7/29	Late Stay	Late Stay	Late Stay	Late Stay	Late Stay
SESSION 4					
Week 7	Early Stay	Early Stay	Early Stay	Early Stay	Early Stay
8/1-8/5	Late Stay	Late Stay	Late Stay	Late Stay	Late Stay
Week 8	Early Stay	Early Stay	Early Stay	Early Stay	Early Stay
8/8-8/12	Late Stay	Late Stay	Late Stay	Late Stay	Late Stay

Total number: _____ x $7.00 = _____ **Total Early / Late Stay Add-on**