

**EAST FISHKILL CHILDREN'S SUMMER CAMP
REGISTRATION FORM**

CAMPER(S) REGISTRATION INFORMATION

	Last Name	First Name	Grade Completed	Date of Birth	Age	Sex
1						
2						
3						
4						

HOME ADDRESS _____

PARENT/GUARDIAN _____ Cell # _____ Work # _____

Relationship _____ Email _____

PARENT/GUARDIAN _____ Cell # _____ Work # _____

Relationship _____ Email _____

EMERGENCY CONTACT _____ Relationship _____

Cell # _____ Work # _____

MEDICAL INFORMATION

PHYSICIANS NAME _____ Phone # _____

IMMUNIZATIONS: Each camper must present and leave a copy of their immunization records during registration

ALLERGIES: Does your child require emergency treatment for any of the following?

Asthma Epilepsy Nose Bleeds Bee Stings Diabetes Other (please explain below)

Type of Allergy (Please Explain)

Medication(s) for Treatment

1. _____
2. _____

1. _____
2. _____

****MEDICATIONS HELD BY THE HEALTH DIRECTOR REQUIRE A DOCTOR'S Rx ON FILE**

Are there any behavior issues or disabilities of which we should be aware? (please explain)

PHOTO RELEASE

Please indicate whether or not you give permission for your child's name/photo to be used in a news article/post through the Poughkeepsie Journal, Southern Dutchess News, or Facebook. _____ I DO give permission
_____ I DO NOT give permission

As a parent/legal guardian of the participant(s) listed, I understand that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages, or loss that may occur. I understand that the Town of East Fishkill does not provide accidental medical coverage. I agree to waive and relinquish all claims against the Town of East Fishkill, the Recreation Department, any officers, agents, or employees of the Town of East Fishkill from any and all claims. I hereby give permission to administer emergency care to my child in my absence.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY FEE PAID _____ Check # _____ Form of ID presented _____
_____ Cash _____ Immunization Received _____