



Town of East Fishkill

Summer Camp Registration Form



Camper(s) Registration Information

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

Address: _____
 Street City State Zip

Home Telephone: _____ Email: _____

Parent/Guardian: _____ Relationship: _____

Cell Phone #: _____ Work Phone #: _____

Email: _____

Parent/Guardian: _____ Relationship: _____

Cell Phone #: _____ Work Phone #: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Cell Phone #: _____ Work Phone #: _____

Medical Information

Physicians Name: _____ Office #: _____

Immunizations: All campers must submit current immunization record at 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)

1. _____ 1. _____
 Allergy *Medication

2. _____ 2. _____
 Allergy *Medication

Are there any behavior issues or disabilities of which we should be aware of? _____

***Medications held by the Health Director require a doctor's Rx on file.**

Photo Release: Please indicate whether or not you give permission for your child's name/photo to be used in prints and social media. 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: _____

(Office Use Only)

Date: _____ Total Campers: _____ Immunization(s) Received _____

Resident Non-Resident

Amount Paid _____ Cash _____ Check _____