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:_____

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_____