

Town of Ramapo

Camp Scuffy Registration 2010

Parent/Guardian Name	Last:	First:
Address	Street:	Town: Zip:
Phone Numbers	Home: ()	Work: ()

Camper Information: A separate form MUST be completed for each child

Last Name	First Name	Date of Birth/ Age	Gender
		/	M or F

School Fall 2010	Grade Fall 2010	Is the above listed child allowed to sign themselves out and walk home after 3:30 dismissal?	Shirt size Please circle
		___ Yes ___ No	Youth – S M L XL Adult – S M L XL

Camper group requests: Please note that not all requests are guaranteed; we try to fulfill at least two requests and try to balance groups according to school. ALL requests MUST be mutual and children MUST be entering the same grade.

1. _____ 2. _____
3. _____ 4. _____

o Camp Scuffy (8:30am-3:30pm) \$ 1475.00
(fee includes 3 trips)

o One Week Extension (Aug. 16 – Aug. 20) \$ 225.00

CAMP OPTIONS

o Extended Day (3:30-5:30pm)

o Extended Day – 1 Week Session

FEES

\$ 175.00

\$ 30.00

Total Due \$ _____

Make checks payable to: **Town of Ramapo**

**Applications may be delivered in person or mailed to:
Clark Recreation Center
59 Campbell Avenue
Suffern, NY 10901**

(*Both sides of this form must be complete in order to register)



Camper's Name: _____

Camper Health History & Information

(MUST be completely filled out to register)

All information is confidential and remains with the camp office. Please complete all questions in necessary detail for your child's welfare and enjoyment. **Remember to sign at bottom-** a doctor's physical is not required.

Mother/Guardian Name: _____ Work/Cell# _____

Father/Guardian Name: _____ Work/Cell# _____

Additional emergency contact #'s: _____

Emergency/Pick-up Information:

Please list additional contacts, must be 18 or over, that could be called during camp hours in the case of emergency, if you cannot be reached. The individuals listed below are the only individuals authorized to pick-up your child in addition to the Parent/Guardians listed. We will not release your child to anyone that is not listed without written permission. Please remind them to bring a photo id for pick-up.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Please list any allergies (bee stings, foods, medications, etc.) _____

Are any medications or precautions necessary for the allergy? _____

Is your child required to take medication or use an inhaler during camp hours? Yes No *If yes, please list:

Medical Comments-limitations for camp activities (i.e. physical, visual, auditory, etc): _____

Immunization Record- Required by N.Y.S. Fill in dates- No attachments

MMR Vaccine- Mumps, Measles, Rubella (3 doses): 1- _____ 2- _____ 3- _____

OPV/IPV (3 doses): 1- _____ 2- _____ 3- _____ Varicella _____

Diphtheria/Tetanus DTP/DTaP (4 doses): 1- _____ 2- _____ 3- _____ (if born after 1/1/94 Tdap booster required) 4- _____

HiB 1- _____ Hep B (3 doses): 1- _____ 2- _____ 3- _____

** Please remember all dates must be hand written in appropriate spots, Applications with attachments will be returned and not enrolled.*

Emergency Authorization:

In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Town to hospitalize and secure treatment for my child. I understand that the Town of Ramapo does not offer accident insurance and that my primary insurance bears primary responsibility in case of an accident. I understand that by signing this form I give permission for my child to attend all trips that take place on days I send them to camp. I authorize the use of photos for promotional purposes.

Parent/Guardian Signature (required)

Date