

# Town of Ramapo



Parks & Recreation Department

## WINTER CAMP REGISTRATION FORM

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

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

Last Name	First Name	Date of Birth / Age	Gender Circle one
		/	<b>M or F</b>

**CAMP DATES: TUES. FEB. 20 & WED. FEB. 21, 2018**

Please check mark ✓ each day & time you are registering for:

<b><u>FULL DAY:</u></b>	<b><u>RESIDENT FEES:</u></b>
<b>8AM – 4PM</b>	
TUES_____ (BOUNCE TRAMPOLINE PARK) WED_____ (LAFAYETTE THEATER)	\$ 70 PER DAY
TUES & WED _____	\$ 120 BOTH DAYS

<b><u>EXTENDED DAY:</u></b>	<b><u>RESIDENT FEES:</u></b>
<b>4PM – 5:30PM</b>	
TUES_____ WED_____	PER DAY \$ 10

**Total Fees Due \$ \_\_\_\_\_**

Payable by check made to Town of Ramapo, cash or major credit card

**\*\*PLEASE TURN OVER TO FILL OUT THE BACK!!** 

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 not listed below without express permission directly from parent. 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): \_\_\_\_\_

\_\_\_\_\_

#### 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 personal insurance bears primary responsibility in case of an accident. I authorize the use of photos for promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature (required)

\_\_\_\_\_  
Date