

Town of Ramapo



Parks & Recreation Department

SPRING CAMP REGISTRATION FORM

Parent/Guardian Name	Last: _____	First: _____
Address	Street: _____	Town: _____ Zip: _____
Phone Numbers	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
			M or F

CAMP DATES: TUES. APR. 3, WED. APR. 4 & THURS. APR. 5, 2018

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

TIMES: 8AM – 4PM

TUES- Bounce Trampoline \$70 ___ **WED-** OUTRAGHISS PETS \$60 ___ **THURS-** LAFAYETTE THEATER \$70 ___

TUES, WED & THURS \$ 170 _____

EXTENDED DAY:

4PM – 5:30PM

TUES _____ WED _____ THURS _____

RESIDENT FEES:

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