



## Summer Day Camp Registration

### Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_

### Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_  
e-mail address: \_\_\_\_\_

### Secondary Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_  
e-mail address: \_\_\_\_\_

### Emergency Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Person(s) Authorized to Pick up child (other than Parents/Guardians listed above):

Person 1: \_\_\_\_\_  
Person 2: \_\_\_\_\_  
Person 3: \_\_\_\_\_

Please list and special needs or physical limitations we should be aware of, including behavior issues and allergies:

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Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Summer Day Camp Medical Release Form

**Parent/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_  
 e-mail address: \_\_\_\_\_

**Emergency Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

**Camper Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Special Dietary Needs:**

\_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Medical Needs/Conditions: \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Authorization:** I, \_\_\_\_\_, hereby give permission for the staff of Riley's Farm to administer very minor first aid (bandages, cold compress, etc.) to my camper, \_\_\_\_\_, as needed.

In the event that I cannot be reached in an emergency, I give permission to the medical personnel selected by the camp director to order x-ray and tests and administer necessary treatment. I further give permission to the physician to hospitalize, secure proper treatment, and to order injections, anesthesia and/or surgery for the camper named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_