

2008 DAY CAMP REGISTRATION FORM

(LOWER: 4-5 yrs) (MIDDLE: 6-8 yrs) (UPPER: 9-11 yrs) (SENIOR 12-15 yrs)
 (Please complete Health Form on back)

Current Age: _____ Birth Date _____ Birth Certificate _____

Own _____ Rent _____ (If renting, please provide a copy of your lease)

CHILD'S NAME (Last, First) _____
 (PRINT)

PERMANENT MAILING ADDRESS _____

HOME PHONE _____ HEMLOCK PHONE _____

HEMLOCK FARMS STREET ADDRESS _____

IN CASE OF EMERGENCY, CONTACT: NAME _____ PHONE _____

FAMILY DOCTOR'S NAME _____ PHONE _____

PLEASE CHECK WEEK(S) YOU REQUEST:

June 30 to July 04 ()
 July 07 to July 11 ()
 July 14 to July 18 ()
 July 21 to July 25 ()
 July 28 to Aug 01 ()
 Aug 04 to Aug 8 ()
 Aug 11 to Aug 15 ()

CHECK AGE GROUP OF CHILD:

Lower Camp – 4- 5 yrs.** ()
 Middle Camp – 6- 7- 8 yrs. ()
 Upper Camp – 9- 10- 11 yrs. ()
 Senior Camp – 12- 13- 14- 15 yrs. ()

WEEKLY FEE FOR ALL CAMPS: \$126.00
 (no pro-ration for daily fee)

DAY CAMP SHIRT: \$8.00 – Recommended but not required.

NO REFUNDS UNDER ANY CIRCUMSTANCES

IMPORTANT – READ CAREFULLY & SIGN BELOW:

1. I, the undersigned as parent or guardian, hereby give permission for the above child to participate in the HFCA Day Camp Program. I agree to release, indemnify & hold harmless the HFCA, its employees, agents, heirs & assigns from any claims arising from his/her participation in the program.
2. I acknowledge that all payments are non-refundable.
3. I further acknowledge that HFCA Day Camp is a recreation activity. It is not a daycare program and cannot be used for purposes of tax deduction.
4. If I or my designated emergency contact cannot be reached in an emergency, I give my consent by this signed form, to allow my child, named above, to receive emergency treatment in a hospital Emergency Room or by responding emergency medical personnel on the scene of an accident.
- 5. I acknowledge that registration for a particular week must be received at the HFCA Office no later than 4 p.m. on the Friday preceding that week. I also acknowledge that my child will be accepted into a Day Camp program, space permitting as deemed appropriate by the Recreation Department.**
6. Children will not be allowed to change camp levels during the summer.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Printed name of Deeded Owner if the above signature is not the same

 Signature of Deeded Owner

ALL LOWER CAMP (4-5 yrs) REGISTRANTS & CHILDREN NOT PREVIOUSLY ENROLLED IN CAMP MUST PRESENT THE **ORIGINAL** BIRTH CERTIFICATE TO THE HFCA OFFICE PRIOR TO CAMP ATTENDANCE.

** (IN LOWER CAMP, CHILD MUST BE AT LEAST 4 YRS. OF AGE THE FIRST DAY OF PARTICIPATION IN CAMP)

FOR OFFICE USE ONLY: Paid _____ Date Received _____ Initial _____ Birth Certificate verified _____

**DAY CAMP
HEALTH FORM**
Form Must be Filled Out Completely Each Year

CHILD'S NAME: _____ PARENT/GUARDIAN NAME: _____

Health History (please check & give appropriate dates)

Date of last tetanus booster _____

Asthma _____	Frequent Colds _____	Kidney Trouble _____
Rheumatic Fever _____	Frequent Sore Throats _____	Heart Trouble _____
Tuberculosis _____	Sinusitis _____	Convulsions _____
Diabetes _____	Abscessed Ears _____	Athlete's Foot _____
Constipation _____	Bronchitis _____	Stomach Upsets _____
Lyme disease _____	Pink Eye _____	Lice _____
Serious Ivy, Oak or Sumac poisoning _____		
Operations or Serious Injuries _____		

Please identify any allergic reactions, how severe they are, and any treatment necessary:

Details of any additional information/special needs:

Any specific activities to be **encouraged**? _____
" " " " **restricted**? _____

Is this child taking any medications? No _____ Yes _____

If yes, what kind? _____ Dosage required _____

For what reason? _____

Has your child been taken off medication or changed medication in the last 30 days? Explain.

IMPORTANT: Read carefully and sign below:

In the event I or my designated emergency contact cannot be reached in an emergency, I hereby give consent via this signed form, to allow my child, named above, to receive emergency treatment in a hospital Emergency Room or by responding emergency medical personnel on the scene of an accident.

SIGNATURE _____

Parent/Guardian

Date