

DAY CAMP REGISTRATION FORM

Camper's Name _____ Sex _____ Age _____ Grade Completing _____

Name of Parent or Guardian _____ Daytime Phone (____) ____ - _____

Address _____ City _____ State _____ Zip _____
Cell Phone (____) ____ - _____

Name of Doctor/Health Care Provider _____ Phone (____) ____ - _____

Health Information:

1. Immunizations: A) DPT Permanent Shots (series of 3): Yes / No
B) Polio Immunization: Yes / No
C) Date of last Tetanus booster: _____
2. Skin Diseases: Yes / No, If yes, please explain:
3. Allergies: Food, Drugs, Hay Fever: Yes / No, If yes, please explain:
4. Medication: List name(s) and dosage(s):
5. List any illness, chronic condition, or physical consideration the child has that may affect participation or safety:
6. Other suggestions that may help us to make your camper's week more enjoyable (regarding fears, anxieties, etc.)

I authorize the following people to pick up my child from Day Camp. If there are changes in these arrangements, I will give advance written notice. (Note: If there are any special instructions, or any persons who are not authorized to pick up your child, please make a specific note on this page.)

Name	Phone	Relationship
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Name	Phone	Relationship
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Signature of Parent/Guardian

Cost is \$50.00 per child.

_____ I would like to be a Day Camp Volunteer.

_____ I would be willing to have the Ewalu Day Camp Staff at my home for supper.

_____ I could prepare sack lunches one day for the Ewalu Day Camp Staff.

_____ I would welcome _____ (number) Ewalu Day Camp Staff members to stay at my home.

RELEASE: I give permission for my child to participate in all programs for the week and agree that the church and the camp as well as staff and volunteers from these organizations will not be held responsible for accidents or personal injury arising therefrom. I authorize the adult leaders from the church and the Ewalu staff to secure any medical or emergency treatment deemed necessary for my child. As my child's parent or guardian, I am the primary carrier of accident/health insurance for my child. I also grant permission for my child's photo to be used in any promotional materials by the camp and the church.

Signature of Parent/Guardian

Check	Cash	Date	Amount Paid	Amount Owed
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