HARRISON RECREATION DEPARTMENT

2009 DAY CAMP APPLICATION

(Return application to any Recreation Office)

PLEASE CHECK ONE: ☐ CAMP SEASIDE ☐ CAMP BROOKSIDE

☐ LMK (L.M.Klein Middle School) (Passidomo Park) (Harrison Avenue School) ☐ LEO MINTZER CENTER

PLEASE PRINT

CAMPER'S NAME_____BIRTH DATE_____AGE_____SEX_____
Last first middle

PARENT'S LAST NAME (if different)_____PARENT 2009 ID CARD NO._____

ADDRESS_____PHONE_____

PLEASE PRINT PARENT'S EMAIL ADDRESS IN BOXES PROVIDED BELOW

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CIRCLE ONE: .COM .NET .ORG .EDU .GOV OTHER_____

SCHOOL CAMPER ATTENDING IN SEPT. 2009_____GRADE IN SEPT. 2009_____

FATHER: DAYTIME PHONE_____ CELL_____EVENING PHONE_____

MOTHER: DAYTIME PHONE_____CELL _____ EVENING PHONE_____

EMERGENCY CONTACT (name and phone)_____CELL_____
other than above

HOSPITALIZATION INSURANCE CO._____IDENTIFICATION NO._____

T-SHIRT (circle one): CHILD S M L ADULT S M L XL

MEDICAL FORM

This information is **REQUIRED** by the New York State Health Department.

Your child's day camp registration <u>WILL NOT</u> be accepted until this form is <u>FULLY COMPLETED</u>

(Information can be obtained from your physician or school records) ***NO ATTACHMENTS ACCEPTED***

CAMPER'S PHYSICIAN_____PHONE_____

MEDICAL HISTORY-IMMUNIZATION RECORD

Required by New York State Law. Please list EXACT dates 3/20/86

1. DTAP (3 doses). Dates:_____,_____,_____,_____

2. MMR (2 doses) Dates:_____,_____

3 HIB (3 doses) Date:_____, _____, _____, _____

4. IPV (3 doses) Dates:_____,_____, _____, _____

5. HEP B (3 doses) Dates:_____, _____, _____

6. VARICELLA (chicken pox) Date: _____ ,_____

Please list any medical or behavioral concerns that you may have (allergies, hyperactivity, special diet, etc.)_____

_____

PLEASE READ AND SIGN

In consideration of your accepting this Registration. I, the undersigned, for myself, my executors, administrators, assignees, do hereby release and discharge the Town-Village of Harrison and the Harrison Recreation Department, and any and all sponsors, organizers and their representatives and successors from all claims of damages, demands, action and causes of actions whatsoever, in any manner arising or growing out of my child's participation in said program. I hereby certify that the above information is correct and that my child is in normal physical and mental health. I give permission for my child to participate in all camp activities including swimming on and off site as well as out of camp trips, and I understand that continued misbehavior on the part of my child(ren) will result in dismissal from camp. If I cannot be reached in event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray and needed care.

X_____ _____

Parent or Guardian Signature **Date**

FOR OFFICE USE ONLY

PAYMENT: CHECK NO._____ or MONEY ORDER ☐ Amount $_____

DATE RECEIVED_____ PROCESSED BY_____