

Harrison Recreation Summer Day Camp Application 2013

Circle one: LM Klein MS Camp Seaside Camp Brookside Leo Mintzer Center

Circle one: Youth: Small Medium Large Adult: Small Medium Large XLarge

Camper's First Name: Camper's Last Name: Sex: Date of Birth:

Address:

City State: Zip: ID card #:

Home phone: Grade in September 2013: School:

Mother's name: (last name if different) Mother's work phone: Mother's cell phone:

Father's name: (last name if different) Father's work phone: Father's cell phone:

Email Email 2:

Please list allergies and any behavioral concerns that will assist our staff in properly caring for your child. If NONE, please write "NONE" in the box below.

Immunization record as required by the Department of Health - please list exact date (MM/DD/YY). Do not attach records - complete boxes below

DPT/DPaT - 1: DPT/DPaT - 2: DPT/DPaT - 3: DPT/DPaT - 4:
 OPV/IPV - 1: OPV/IPV - 2: OPV/IPV - 3: Influenza (Hib):
 Hepatitis B (HepB) - 1: Hepatitis B (HepB) - 2: Hepatitis B (HepB) - 3:

Children in grade K or older are required to have 2 vaccines for Measles. MMR - 1: Varicella Chicken Pox or Varivax:
 MMR - 2:

Emergency name (other than parent): Emergency Home: Emergency Cell:

Doctors name: Doctors phone:

Insurance Company: Insurance Policy Number:

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 grown 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 will result in dismissal from camp. If I can not be reached in the event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of injury, x-ray and needed care.

Signature Date: