

# Harrison Recreation Summer CIT Camp Application 2024

**CIRCLE ONE:** Youth: Small Medium Large Adult: Small Medium Large Xlarge

Campers First Name

Campers Last Name

Sex

Date of Birth

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ID Card # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade in September 2024: \_\_\_\_\_ School: \_\_\_\_\_

Mother/Guardian Name (last name if different)

Mother/Guardian Work Phone

Mother/Guardian Cell phone

Father/Guardian Name (last name if different)

Father/Guardian Work Phone

Father/Guardian Cell Phone

Email 1 \_\_\_\_\_ 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) Fill in below

Attach original Immunization Record with Doctor's stamp on it

DPT/DPat (4)     Influenza (Hib) (1)

OPV/IPV (3)    MMR (2)

Hepatitis B (Hep ) (3)    Varicella Chicken Pox Or Varivax (1)

COVID Vaccine - If your child is vaccinated, please enter dates

Circle One: Pfizer or Moderna

Emergency Contact  
(other then Parent): \_\_\_\_\_

Contact Home #: \_\_\_\_\_ Contact Cell #: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors # \_\_\_\_\_

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