Harrison Recreation Summer Camp Application 2022

CIRCLE ONE: **Camp Seaside (1-5)** West Harrison Park **Camp LMCC (6-8)** Leo Mintzer Center (WH) **Camp Brookside (1-5)** LMK School (DT) **C amp Sollazzo (6-8)** Sollazzo Center (DT)

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 2022:**_____ **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 herby 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