

Riverside Day Camp Registration and Health Form

Please print clearly. This form may be copied. Please use a separate form for each camper.

Please take a moment to review and sign the Conduct Covenant on the back of this sheet.

PLEASE RETURN YOUR COMPLETED DAY CAMP REGISTRATION FORM TO YOUR LOCAL DAY CAMP COORDINATOR.

Location of Day Camp _____

Personal Information

Name: _____ Grade Entering: _____ Sex: M / F
Birth Date: ___/___/___ Age: _____ 1st time day camper? Y / N
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian name: _____ Email address: _____
Phone: _____ Work phone: _____
Parent Cell Phone: _____
Emergency contact (other than parent) and phone #: _____
Siblings attending Day Camp: _____
Church (if different from host Church): _____ City: _____

General Health Information

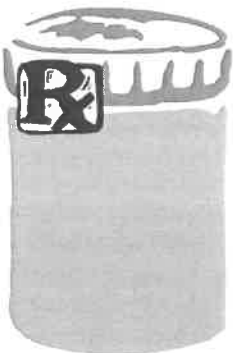
Chronic or recurring illness or medical condition that may affect Day Camp life: _____
Dietary restrictions (i.e. vegetarian, lactose intolerant, food allergies): _____
Other suggestions that may help make your day camper's week more comfortable and enjoyable: _____
Medications (please list kinds and dosage): _____

Insurance Information

Insurance company: _____
Policy #: _____
Holder's name: _____
Family doctor: _____ Phone: _____

Immunizations (circle Yes or No)

DPT (series of 3) Yes or No
Polio immunization Yes or No
MMR (Measles/Mumps/Rubella) Yes or No
Date of last tetanus _____



Permission

**I give my permission for my child to participate in all aspects of the Day Camp except as noted. **I understand that every effort will be made to contact me if my child needs emergency medical treatment. **I authorize medical personnel or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. **I give permission for any picture taken of my child to be used for promotional purposes.

Parent/Guardian Signature

Date