

RESISTRATION FORM

CAMPER

CAMPER NAME: _____ DOB: _____ GRADE: _____ GENDER: M / F / O

ALLERGIES: _____

MEDICATION: _____ STAFF CAN ADMINISTOR () TYLENOL () ADVIL

KNOWN DISABILITIES: _____

ACCOMMODATIONS NEEDED: _____

MEDICAL/PHYSICAL LIMITATIONS: _____

GUARDIAN

PRIMARY PARENT/GUARDIAN NAME: _____ PHONE: _____

MAILING ADDRESS: _____

EMAIL: _____ ALTERNATE PHONE: _____

SECONDARY PARENT/GUARDIAN NAME: _____ PHONE: _____

MAILING ADDRESS: _____

EMAIL: _____ ALTERNATE PHONE: _____

EMERGENCY

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____ CAN DROP-OFF / PICK-UP: Y | N

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____ CAN DROP-OFF / PICK-UP: Y | N

PICK-UP

PICK-UP CONTACT NAME: _____ RELATIONSHIP: _____

PICK-UP CONTACT NAME: _____ RELATIONSHIP: _____

PICK-UP CONTACT NAME: _____ RELATIONSHIP: _____

MY CHILD MAY SIGN THEMSELVES IN/OUT DURING CAMP YES NO

I HAVE READ THE BEHAVIORAL POLICY IN THE HANDBOOK AND UNDERSTAND IT. INITIAL: _____

I HAVE MADE THE TOWN OF WATERBURY AWARE OF ANY DISABILITIY THAT COULD COMPROMISE THE SAFETY OF MY CHILD, OTHER CHILDREN, AND STAFF. INITIAL: _____

I GIVE PERMISSION FOR MY CHILDS PHOTO(S) TO BE USED FOR PROMOTING RECREATIONAL PROGRAMS AND EVENTS (NO NAMES WILL BE USED). YES NO

SIGNATURE: _____ PRINT: _____ DATE: _____