

# REGISTRATION FORM

**Camper Information**

Camper's Name \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Camper's Birth Date \_\_\_\_\_ Age on June 1st \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Child in custody of (Please check one)  Both parents  Mother  Father  Other (Specify) \_\_\_\_\_  
 Child lives with (Please check one)  Both parents  Mother  Father  Other (Specify) \_\_\_\_\_  
 Does your child know how to swim?  Yes  No Do you give permission for your child to swim in Camp Zone programs?  Yes  No  
 Do you give permission for your child to attend and participate in all activities on Camp Zone field trips?  Yes  No

**Medical Information**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Dentist/Orthodontist \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) \_\_\_\_\_  
**Health History** – (Mark all that apply & provide copies of all immunizations)  Ear Infection  Convulsions  Asthma  Bleeding/Clotting Disorder  
 Allergies  Pollen  Poison Oak/Ivy/Sumac  Penicillin  Insect Stings (List Type) \_\_\_\_\_ Foods (List Type) \_\_\_\_\_ Other (List Type) \_\_\_\_\_  
 Operations, serious injuries, diseases, or restrictions on physical activity: \_\_\_\_\_  
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)  
 \_\_\_\_\_  
 Behavioral conditions or problems of which camp staff should be aware \_\_\_\_\_

**Child Release Authorization**

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Camp Zone. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_  
 Name : \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_

**Parent Authorization/Medical Release:** The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis – if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_