



Summer Camp

Registration 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 SUMMER CAMP YES NO

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

I HAVE READ THE LICE POLICIY IN THE HANDBOOK AND UNDERSTAND IT. INITIAL: _____

I HAVE MADE THE TOWN OF BLUE HILL AWARE OF ANY DISABILITY 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: _____