



Summer Day Camp 2018



Registration Packet

SUSQUEHANNA TOWNSHIP RECREATION DEPARTMENT
2018 DAY CAMP REGISTRATION FORM

Participant (Camper)'s Name _____

Camper's Age (as of 6/18/18) _____ Camper's Birthday (MM/DD/YYYY) _____

Address _____

(include zip) _____

Last School Attended _____

CHECK ONE PLEASE:

RESIDENT _____

NONRESIDENT _____

Last Grade Completed _____ Have you been to our camp before? Y N

CONTACT INFORMATION

Parent(s)/Guardian(s) _____

Phone# Home _____ Cell _____

Work (if we may call) _____ Other _____

Email address _____

Other Email Address _____

EMERGENCY INFORMATION (for use if parent(s)/guardian(s) are unavailable)

Emergency Contact _____

Relationship to Camper _____

Emergency Phone # _____

I waive all claims against the Recreation Program, and Susquehanna Township for any personal injury which may occur, unless negligence is involved. This waiver must be signed before any participation is allowed.

Signature (Parent/Guardian)

(date)



***Photo Permission** – Parents/Guardians who do not wish to have their child photographed for purposes of displays, website, Facebook and/or newsletter must submit a request in writing to exclude their child. Requests should be submitted when registering.

Camper's Name _____
Last, First



Authorization Form Child Pick Up 2018

We understand that children may be picked up by adults other than their parent and/or guardian. In order to protect your child, we are asking that you let us know in advance if you have someone else picking up your child from Day Camp. In addition, please list the primary adults picking up your child. You may pre-authorize up to 2 other adults. Please let the authorized person know that photo identification will be required. Please fill out a separate form for each child attending Day Camp.

Camper's Name _____ Age _____

2 PARENTS/GUARDIANS/AUTHORIZED ADULTS who will regularly drop off and pick up camper:

Full Name – Please Print	Phone #	Relationship to Camper
Full Name – Please Print	Phone #	Relationship to Camper

UP TO 2 ADDITIONAL ADULTS authorized to drop off and pick up camper:

Full Name – Please Print	Phone #	Relationship to Camper
Full Name – Please Print	Phone #	Relationship to Camper

I authorize the above person(s) to pick up my child from Susquehanna Twp Day Camp. I understand this permission will be in place until I communicate a change in writing to the Day Camp Staff.

(Parent/guardian signature)

(Date)

Camper's Name _____
Last, First

2018 EMERGENCY CARD
SUSQUEHANNA TOWNSHIP RECREATION DEPARTMENT

Camper's Address (with zip) _____

Adult #1 Living with Camper _____ Daytime Phone # _____

Relationship to Camper _____ Cell Phone # _____

Adult #2 Living with Camper _____ Daytime Phone # _____

Relationship to Camper _____ Cell Phone # _____

Please indicate none or not applicable with n/a

Food Allergies? Specify _____

Bee Sting Allergy? **Y** **N** If yes, circle one: Local Systemic

Asthma? **Y** **N** If yes, needs Inhaler? **Y** **N**

Other Allergies? _____

Additional Health Information you would like us to know:

We strive to ensure that all campers have an enjoyable experience. With that in mind, does your child have any special needs that we should know about?

Emergency Contact (from 1st page) _____

Emergency Contact Phone # _____

Additional relative/friend to Notify in Case of Emergency
(to be used if Emergency Contact is unreachable)

Name _____

Relationship to Participant _____

Address _____

Phone # _____

I verify that this information is accurate.

Parent/Guardian Signature: _____ Date: _____