

**ALLEN COUNTY PARKS
SUMMER DAY CAMP 2008 REGISTRATION FORM**

Please Print

Complete one form per camper. If the camper is signing up for more than one camp session, please copy this form and complete the requested information for each camp session.

Camper's Name: _____ **Preferred Name:** _____
Address: _____

City: _____ **State:** ____ **Zip:** _____ **Date of Birth:** _____ **Grade in spring '08** _____

Parent/Guardian Names: _____

Address (if different than camper): _____

City: _____ **State:** ____ **Zip:** _____

Email: _____

Phone 1 (____)____-____[w h c] (w-work, h-home, c-cell)

Phone 2 (____)____-____[w h c]

SESSION YOUR CAMPER WILL ATTEND: _____

AMOUNT PAID: (\$100/camper/session (\$95.00 early-bird), \$90-Golden Parks Pass) _____

Other Emergency Contact _____

Phone 1 (____)____-____[w h c]

Phone 2 (____)____-____[w h c]

Anyone this camper should not be released to? _____

***MEDICAL HISTORY ***

Allergies: _____

History of: asthma seizures other

Will camper have medication? yes no

If so, what? _____

Other medical info: _____

Doctor: _____

Doctor's Phone: (____)____-____

Date of last measles shot: _____ **Date of last tetanus shot:** _____

DO YOU CARRY FAMILY MEDICAL INSURANCE? : yes or no (circle)

IF SO: CARRIER: _____ **POLICY GROUP #:** _____

SECTION 1: MEDICAL/SURGICAL RELEASE AND EMERGENCY AUTHORIZATION

The above health information is true and correct to my knowledge. The person listed above has permission to engage in all Day Camp activities. I hereby give permission to the Fox Island Day Camp staff to select on my behalf, medical personnel and to provide treatment or x-rays for the person listed above. If in the event I can not be reached in a medical emergency, I hereby give permission to the medical personnel or physician selected by the Day Camp to hospitalize, secure proper treatment, injections, and/or anesthesia, and/or surgery for the person named above.

PRINT NAME OF PARENT/GUARDIAN: _____ **(*SIGN AT REGISTRATION)**

SIGNATURE OF PARENT/GUARDIAN: _____ *** DATE:** _____

_____**WITNESS:** _____ **DATE:** _____

SECTION 2: PHOTO/VIDEO RELEASE

I hereby give permission to the Fox Island Day Camp and the Allen County Park and Recreation Department to use any photographs or video tapes in promotional materials, brochures, and videos that include the above named camper.

PRINT NAME OF PARENT/GUARDIAN: _____ *****

SIGNATURE OF PARENT/GUARDIAN: _____ *** DATE:** _____

_____**WITNESS:** _____ **DATE:** _____

***(SIGN AT REGISTRATION)**

Please send check to: Allen County Parks & Recreation,
Attn: Natalie Haley, 7324 Yohne Rd. Ft. Wayne, IN 46809 SORRY.... NO REFUNDS