ALLEN COUNTY PARKS
SUMMER DAY CAMP 2010 REGISTRATION FORM

Please Print **Please NOTE:ALL PROGRAMS ARE SUBJECT TO CANCELLATION.**

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 fall '10____

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? _____

<u>*MEDICAL HISTORY *</u>

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: <u>MEDICAL/SURGICAL RELEASE AND EMERGENCY AUTHORIZATION</u>

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 Allen County Parks 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: <u>PHOTO/VIDEO RELEASE</u>

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