

HARRISON RECREATION DEPARTMENT

2010 SPONSOR DAY CAMP APPLICATION

(return application to any Recreation Office)

PLEASE CHECK ONE: [ ] CAMP SEASIDE [ ] CAMP BROOKSIDE [ ] LMK (Louis M. Klein Middle School) (Passidomo Park) (Harrison Avenue School) [ ] LEO MINTZER CENTER

PLEASE PRINT

CAMPER'S NAME Last first middle BIRTH DATE AGE SEX

PARENT'S LAST NAME (if different) PHONE

ADDRESS PHONE

PLEASE PRINT PARENT'S EMAIL ADDRESS IN BOXES PROVIDED BELOW

Grid for email address with @ symbol

CIRCLE ONE: .COM .NET .ORG .EDU .GOV OTHER

SCHOOL CAMPER ATTENDING IN SEPT. 2010 GRADE IN SEPT. 2010

FATHER: DAYTIME PHONE CELL EVENING PHONE

MOTHER: DAYTIME PHONE CELL EVENING PHONE

EMERGENCY CONTACT (name and phone) CELL other than above

HOSPITALIZATION INSURANCE CO. IDENTIFICATION

T-SHIRT (circle one): CHILD - S (6-8) M (10-12) L (14-16) ADULT - S M L XL

MEDICAL FORM

This information is REQUIRED by the New York State Health Department.

Your child's day camp registration WILL NOT be accepted until this form is FULLY COMPLETED and HANDED IN. (Information can be obtained from your physician or school records) NO ATTACHMENTS ACCEPTED.

CAMPER'S PHYSICIAN PHONE

MEDICAL HISTORY-IMMUNIZATION RECORD

Required by New York State Law. Please list EXACT dates 3/20/86

- 1. DTAP (3 doses). Dates: 4. IPV (3 doses) Dates: 2. MMR (2 doses) Dates: 5. HEP B (3 doses) Dates: 3. HIB (3 doses) Date: 6. VARICELLA (chicken pox) Date:

Please list any medical or behavioral concerns that you may have (allergies, hyperactivity, special diet, etc.)

PLEASE READ AND SIGN

In consideration of your accepting this Registration. I, the undersigned, for myself, my executors, administrators, assignees, do hereby release and discharge the Town-Village of Harrison and the Harrison Recreation Department, and any and all sponsors, organizers and their representatives and successors from all claims of damages, demands, action and causes of actions whatsoever, in any manner arising or growing out of my child's participation in said program. I hereby certify that the above information is correct and that my child is in normal physical and mental health. I give permission for my child to participate in all camp activities including swimming on and off site as well as out of camp trips, and I understand that continued misbehavior on the part of my child(ren) will result in dismissal from camp. If I cannot be reached in event of an injury, I give my permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray and needed care.

X Parent or Guardian Signature Date

SPONSOR NAME

ADDRESS

Last First Middle

2010 ID CARD NUMBER RELATIONSHIP TO APPLICANT SPONSOR'S PHONE

SIGNATURE DATE

FOR OFFICE USE ONLY

PAYMENT: CHECK NO. MONEY ORDER [ ] AMOUNT \$ DATE RECEIVED

PROCESSED BY