

3614 W. 80th Lane

Merrillville, In

219-649-1044

Monday-Friday

8:00am-4:00pm

July 1, 2014-July 31, 2014

(except for July 4, 2014)

PF Camp is open to ages 5-15. To register your child today, please contact us:

219-525-4276

219-649-1044

contactus@promisinfuturesinc.org

[www.promisingfuturesinc.org](http://www.promisingfuturesinc.org)

**Camp Themes**

**A HAWAIIAN SUMMER** – Join us for the tropical paradise with beach

themed games and tropical activities.

**AROUND THE WORLD IN A WEEK**- Learn about different cultures, foods, and games from around the world and feel like you’ve been around the world in only a week.

**PARTY U.S.A. -** Join us as we celebrate the week of the 4th of July. Our activities will include: crafts, games and cooking projects.

**WEIRD SCIENCE** - Have you ever been fascinated by erupting volcanoes and other science experiments? You will get a chance to try a variety of different science experiments.

**CAREER WEEK** – This week you get to explore different careers and find out what you want to be when you grow up. You will also get a chance to visit local colleges.

**COOKING** – Get a chance to make various delicious recipes dishes this summer

at camp. Get your taste buds ready!!

**SPARKLING GEMS PRINCESS CAMP**– Come in your princess outfits and join us for a week of princess themed games, jewelry making, creating princess accessories, dress-up, tea parties, hair and nails.

**TV GAME SHOW WEEK-** Have you ever been on a game show? Here is your chance to experience a week of fun filled games.

**SO YOU THINK YOU CAN DANCE, SING OR ACT** – Get a chance to feel famous this week no matter what your talent is. This week will be filled with photo shoots, red carpets, talent shows, and short plays that are performed by you.

**PICASSO AND VAN GOGH CAMP-** Join us for a fun filled camp of enriching art projects.

**FUN AT THE FAIR** – Join us for the last two days of the camp for great food and carnival games.

**FIELD TRIPS INCLUDE**

**ZOO**

**PARKS**

**MUSEUMS**

**COLLEGES**

**BOWLING ALLEY**

**AND MUCH MORE!!**

**Other Activities Include, but not limited to:**

Outdoor Activities: (i.e. jump rope, hoola hoop, sports and etc.)

Dance Revolution Contest

**PF CAMPER’S LIST**

 Please bring the following items each day:

* Sack Lunch
* Water Bottle
* Sunscreen (Please use the right SPF)
* Play Shoes
* Sun glasses, visors and hats
* Medications, if applicable (Must have a permission slip on file and instructions)

**PF Camp Registration Guidelines**

1. Complete the entire packet per camper.

2. Submit all necessary documentation requested in packet or by PF Camp Director.

3. Pay the non-refundable registration fee.

4. If you qualify for any special discounts based on our income guidelines that are noted in our package, please let us know when you submit your application packet.

To qualify for any special discounts, you must meet the below

guidelines along with showing valid proof of income.

| **Persons in family/household** | **Poverty guideline** |
| --- | --- |
| For families/households with more than 8 persons, add $4,060 for each additional person.  |
| 1 | $11,670 |
| 2 | 15,730 |
| 3 | 19,790 |
| 4 | 23,850 |
| 5 | 27,910 |
| 6 | 31,970 |
| 7 | 36,030 |
| 8 | 40,090 |

**PF Weekly Camp Rates which do not include transportation or special discounts**

 Number of Children

 Actively Enrolled/Attending Weekly Rate

|  |  |
| --- | --- |
| 1 Child | $80.00 |
| 2 Children | $152.00 |
| 3 Children | $216.80 |
| 4 Children | $275.12 |
| More than 4 | Please contact office for rates |

$\_\_\_\_\_\_\_ Registration fee per camper $5.00

$\_\_\_\_\_\_\_ Donation to assist other children to attend (optional)

$\_\_\_\_\_\_\_ One week amount in advance (must pay each week at least 2 business days in advance)

$\_\_\_\_\_\_\_ Total amount due at registration

***For PF Staff Use Only***

Total amount paid $ \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form of Payment: Check: \_\_\_ Money Order: \_\_\_

PF Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discounted Rate Amount: \_\_\_\_\_\_\_\_\_\_\_ Approved By: \_\_\_\_\_\_\_\_\_\_

***PF Camp Policies/Procedures***

* Campers will refrain from inappropriate behavior/language.
* If camper participates in appropriate behavior/language, the parent/guardian may be required to pick-up the camper immediately.
* Camper will abide by all local, state and federal laws. Failure to abide by all laws during camp will be reported to the guardian and/or law enforcement immediately.
* Camper will comply with all program rules and procedures.
* Promising Futures, Inc. is not responsible for any damage done by the camper or injury to the camper due

 to the camper’s neglect and/or inappropriate behavior.

* Camper is not allowed to have music players or other electronic devices.
* Neither Promising Futures, Inc. nor its workers are responsible for any of the campers lost or damage property.
* Parent/Guardian will pick up child at specified closing time. There will be a late fee charged of $1.50 per minute past the closing time parent/guardian is late.
* Parent/Guardian is financially responsible for any medical care expenses that might incur on behalf of your camper.
* Parent/Guardian is financially responsible for any transportation cost that might incur on behalf of your camper.
* Parent/Guardian will not be reimbursed or refunded for registration fees.
* Parent/Guardian will be charged a fee for their returned check in the amount of $40.00 in addition to PF, Inc. bank’s fee.
* Parent/Guardian will not be reimbursed, credited, discounted or refunded for weekly fees once fees are paid, regardless of attendance.
* Parent/Guardian will pay the required amount per week by Thursday of closing day. If payment is not made by the following Monday, Parent/Guardian will not be able to attend until full payment is made per camper.

***Promising Futures, Inc. reserves the right to amend their policies and procedures at any time. Parent/Guardian agrees to the above policies and procedures.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date

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 **RELEASE AND WAIVER**

* \_\_\_I give permission for my child to be included in all forms of media coverage to be used for Promising Futures, Inc. publicity. (i.e. websites, T.V. radio, newsletters, emails, social media and etc.)

**or**

\_\_\_I do not give permission for my child to be included in all forms of media coverage to be used for Promising Futures, Inc. publicity. (i.e. websites, T.V. radio, newsletters, emails, social media and etc.)

* I give permission for my child to participate in all PF Camp activities and outings.
* I authorize Promising Futures, Inc. and its staff to act on my behalf granting permission for my child to receive emergency medical treatment.
* In consideration for being granted opportunity to participate in PF, Inc. Camp, I, for my child, myself, my executors, administrators, heirs and assigns, agree forever to a RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Promising Futures, Inc., its Board of Directors, officers, employees, agents, contractors, or volunteers (collectively referred to as “Released Parties”), for any and all personal injuries, loss of or damage to property, or any other damages whatsoever, from whatever cause, resulting from my participation in the activities of Promising Futures, Inc., including any transportation to and from any such activities. I fully understand that this activity may be physically demanding and I am aware that it may involve physical activities and risk personal injury. Injuries could include but are not limited to cuts, abrasions, sprains and strains. I, on behalf of myself or my child, am participating voluntarily in these activities with the knowledge of the physical activities that are involved. I, on behalf of myself or my child, voluntarily agree to accept and assume all risks of personal injury, or any other damages or losses to my person or property. I shall indemnify and hold harmless Released Parties from and against any and all such claims, including attorney’s fees, incurred in defense of such claims. The laws of the State of Indiana will govern any disputes or other matters relating to this Consent and Liability release. I certify that I am the parent/legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of participation in Promising Futures, Inc. Camp.

**Authorized Parent/Guardian agrees to the above Release and Waiver**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Gender (M/F): \_\_\_\_\_\_

Entering Grade: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: Youth or Adult Size: S M L XL XXL 3XL

**Parents or Guardians: (please list names of those who have legal custody or guardianship)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile/Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile/Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dentist Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialist Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any restrictions by you or your physician on normal activities? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Individuals for Pick-Up:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Authorized individuals must show picture identification at time of pick-up for child to be released.

Is there a Custody Agreement in place: \_\_\_\_\_\_\_\_\_\_\_ If yes, please provide us a copy of the agreement for our files.

Name of person responsible for making all of PF Camp Payments:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Print Name Date**

**PLEASE COMPLETE THIS FORM FOR EACH CHILD!!**

**PLEASE FILL OUT CLIENT HEALTH RECORD FORM FOR EACH CAMP ATTENDEE**

|  |  |
| --- | --- |
| Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_ Date of last physical exam:\_\_\_\_\_\_Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please check all that applies to each child:ADD/ADHDAutismAsthmaConvulsionsHeart Defect/DiseaseBleeding/Clotting DisordersDiabetesFrequent Ear InfectionHypertensionTetanus Innoc.\* Date: \_\_\_\_\_\_\_ \*If no date is given, PF will take child to hospital to have a tetanus shot administered in case of emergency.Camper is up-to-date with all immunizations needed forenrollment in school. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(initial)**\*\*Details of above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current medications (send prescription in original bottle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Operations or serious injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disability due to chronic or recurring illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any specific activities to be encouraged or limited by physician’s advice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special needs (physical, mental or psychological) for camp counselor awareness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_ Date of last physical exam:\_\_\_\_\_\_Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please check all that applies to each child:ADD/ADHDAutismAsthmaConvulsionsHeart Defect/DiseaseBleeding/Clotting DisordersDiabetesFrequent Ear InfectionHypertensionTetanus Innoc.\* Date: \_\_\_\_\_\_\_ \*If no date is given, PF will take child to hospital to have a tetanus shot administered in case of emergency.Camper is up-to-date with all immunizations needed forenrollment in school. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(initial)**\*\*Details of above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current medications (send prescription in original bottle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Operations or serious injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disability due to chronic or recurring illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any specific activities to be encouraged or limited by physician’s advice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special needs (physical, mental or psychological) for camp counselor awareness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Required Copies and Forms**

The following must be included with the registration form.

Copy of Birth Certificate 􀂆

State Immunization Form 􀂆

Copy of Custody Agreement 􀂆

Plan of Care for Special Needs 􀂆

Medication Consent Form 􀂆

**PLEASE COMPLETE THIS FORM FOR EACH CHILD!!**