

Please completely fill in all information. This is important so that each camper may have the most enjoyable time possible while protecting the health and safety of all campers.

FOR OFFICE USE ONLY

PAID _____

DATE _____

INITIALS _____

A-AA Winter Camp Registration/Health Form

Turn in this completed form and payment by Wednesday, February 18

Child's name: _____ Child's Birthdate ____/____/____

Address: _____ Home Phone (____) ____ - ____

Parent's name: _____ Cell/Work Phone (____) ____ - ____

Parent's place of employment _____

Notify in emergency if parents cannot be reached _____

Address: _____ Cell Phone (____) ____ - ____

Allergies: None Yes (if yes, please list) _____

_____ Date of last Tetanus Vaccination ____/____/____

Check if your child has had:

3-day measles 7-day measles Mumps Chicken Pox Whooping Cough

Explain any sickness (subject to headaches, asthma, earaches, etc.) and/or physical limitations: _____

_____ Can child swim? yes no

Any limitations in activities? _____ Eating habits: _____

What has not been covered that we should know about your child to understand and help him/her most:

Health Insurance Company: _____ Policy or member number: _____

READ THE FOLLOWING CAREFULLY

I AGREE TO THE FOLLOWING:

1. I will not allow my child to go to camp if, to the best of my knowledge, my child has, or is immediately prior to camp exposed to any communicable diseases.
2. I hereby agree to hold harmless Kare Youth League, its employees, agents and representatives and volunteer assistants for any and all problems, adverse reactions or other medical problem(s) resulting from or due to the medications, medical administration or applications given to my child. By initialing here, I agree I have read this paragraph and waive any and all rights to seek redress from Kare Youth League, its employees, agents, representatives and volunteer assistants **X** _____ (initial)
3. This Registration Form is to be turned in at least one day prior to the camp's departure. No child may attend camp without submitting a completed Registration Form.
4. I will be responsible to make sure that an adult **WILL BE WAITING** to greet and pick up my child upon the camp's return.
5. In case of sickness or accident, Kare Youth League has my authorization to secure such medical attention as is deemed necessary if unable to communicate with me immediately.

Signature of parent or guardian _____ Date: ____/____/____