

TOWN OF WOODSTOCK SUMMER RECREATION PROGRAM
CAMPER REGISTRATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN. IN INK. PLEASE PRINT.

Resident (\$400.00): _____ Non-Resident (\$600.00):_____ Cash: _____ Check:_____ #_____
Immunization records _____ OR Waiver _____ Birth Certificate (ONLY KINDER) _____
Signed Code of Conduct _____

PERSONAL INFORMATION

Camper's Name: _____ T-Shirt Size: _____
Home phone:_____ Home Address: _____
Date of Birth: _____ Male: ___ Female: ___ Grade (Fall 25): _____
School currently attending: _____

PARENT/GUARDIAN INFORMATION

Parent's name: _____ E-mail:_____

Home Phone:_____ Cell Phone:_____

Home Address: _____ Work Phone: _____

Parent's name: _____ E-mail:_____

Home Phone:_____ Cell Phone:_____

Home Address: _____ Work Phone: _____

Child lives with: _____

ADDITIONAL CONTACT INFORMATION

Local persons to call if parent/guardian contact is unavailable. These contacts must know they are listed below and be available anytime during camp hours.

1) NAME: _____ Tele: _____
Cell: _____

2) NAME: _____ Tele: _____
Cell: _____

CONFIDENTIAL MEDICAL HISTORY

(to be submitted with immunization form)

Current Health Status: (allergies, diseases, physical challenges, health problems)

Specific activities to be restricted: _____

Is the camper on medication? _____ Yes _____ No _____

If yes, will camper need to take the medicine at camp? Yes _____ No _____

Name of medication: _____ For what condition? _____

Please complete the *Special Care Plan for a Child with Asthma* form if your child has an asthma diagnosis.

IMPORTANT! Please notify the Camp Director if your child has been exposed to any communicable diseases in the three weeks prior to attending the program.

Name of Family Physician: _____ Phone: _____

Medical Insurance Carrier: _____

Policy and Group#: _____

**THE FOLLOWING AUTHORIZATION MUST BE COMPLETED & SIGNED BY THE PARENT
OR LEGAL GUARDIAN ONLY**

This form, to my knowledge, is correct and the child herein described has my permission to engage in all program activities except those indicated by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for my child as named above.

I hereby covenant and agree to release and hold harmless the Town of Woodstock from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the Town of Woodstock Summer Recreation Program.

Signature: _____

Date: _____

Witness: _____

Any special instructions, such as custody or restraining orders must be attached. All information will be kept confidential.

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RECEIPT OF CODE OF CONDUCT

I hereby acknowledge receipt of the CAMP POLICIES, RAIN DAY POLICY and CODE OF CONDUCT provided with the registration packet and affirm that I have read and understand these policies.

Signature of Parent/Guardian

Date