

**2016 SUMMER CAMP REGISTRATION FORM
SUMMER ENRICHMENT
11:30-6:00**

Make Checks Payable To:
Montgomery Recreation Department

Child's Last Name

Child's First Name

Street Address

Parent/Guardian's Name

City, State, Zip Code

Mother's Cell Phone

Home Phone

Father's Cell Phone

Email Address

Grade Entering (Fall 2016)

Orchard Hill Elementary School/Montgomery Park (11:30-6:00)

<p>Please select the weeks your child will be attending camp:</p> <p>July 11—July 15 _____</p> <p>July 18—July 22 _____</p> <p>July 25—July 29 _____</p> <p>Aug 1—Aug 5* _____</p>	<p>Please select the camp location your child will be attending camp:</p> <p>OHES West Gym Grades 1-3 _____</p> <p>OHES East Gym Grades 4-6 _____</p> <p>Montgomery Park Grades 6-9 _____</p> <p>*Contact SOAR for busing needs</p>
---	--

* Rec-N-Crew camp will not be held at the schools on August 5th. Camp will be held at Montgomery Park from 8:30-3:00. Transportation is not provided.

1 week--\$125

2 weeks--\$225

3 weeks--\$325

4 weeks--\$425

Cash _____

Check # _____

Total Enclosed _____

I understand that there will be NO REFUNDS given for any of the camps.

Parent/Guardian's Signature

Date

MONTGOMERY TOWNSHIP
CHILD INFORMATION SHEET

(Please print firmly with a ballpoint pen)

Please print **clearly** first and last names and phone numbers with area codes:

Child _____ Birth Date _____ Male or Female _____ Grade Entering _____
Home Address _____ Home Phone _____
Mother _____ Work Phone _____ Cell Phone _____
Father _____ Work Phone _____ Cell Phone _____

(If there has been a custody decision, please list the name, or names, of persons NOT PERMITTED to pick up your child from the program).

Please list two neighbors or relatives who will pick up, if necessary, and assume responsibility for the care of your child in case of an emergency.

1. _____ Address _____ Phone _____
2. _____ Address _____ Phone _____

Family Doctor _____ Address _____ Phone _____

Does your child wear contact lenses? Yes _____ No _____ Hard _____ Soft _____

Does your child wear a dental appliance? Yes _____ No _____

Does your child have allergies? (such as penicillin, insect bites, food, dust, pollen, other) Yes _____ No _____

If yes, please explain: _____

Does your child take medication? Yes _____ No _____ Please explain _____

Date of last tetanus shot _____ Has your child had chicken pox? Yes _____ No _____

Describe any medical conditions that would preclude your child from participating in certain activities.

If there is a change in the above information, I will notify the Recreation Department promptly in writing.

Date _____ Signature of Parent/Guardian _____

Original – Recreation Department Copy – Camp Site

MONTGOMERY TOWNSHIP
EMERGENCY MEDICAL RELEASE FORM

Child's Name _____ Camp Site _____ Age _____

Health Insurance Company _____ Policy # _____

Does your child use an EpiPen? Yes No Does your child use an Inhaler? Yes No

If you answered yes to either question above, please make sure your child has their EpiPen and/or Inhaler with them at all times and make sure they are able to self-administer.

Recent illness, injury, or surgery _____

Note any physical or mental conditions to be aware of: _____

Other comments: _____

ACKNOWLEDGEMENT OF RISK

I am aware that my child participating in this activity involves risk of injury or loss. I realize that participating in this program presents risks which include, but are not limited to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the body.

I understand the risks and have discussed them with my child. He/she understands that he/she must obey all rules and regulations, follow all safety procedures, and obey any and all staff members and volunteers assigned to the program. My child and I understand the risks associated with the program and my child and I have agreed to accept our responsibility in making this program a safe one.

I certify that my child is in proper physical condition for safe participation in Montgomery Recreation's Summer Camp Program, and I agree that it is incumbent upon me to immediately inform the Montgomery Recreation Department should my child's physical condition change at any time prior to, or during, his/her participation in the program.

I understand that accidental medical insurance is not available through the program and it is my responsibility to arrange for such coverage for my son/daughter. I also give the Montgomery Recreation Department, its organizers, and staff members permission to take my child for emergency treatment, if needed.

Parent/Guardian Signature _____ Date _____

Montgomery Recreation Summer Camp Pick-Up/Release Form

Child's Name _____ Grade entering _____

Dear Staff:

I have authorized the following person(s) to pick up my child from camp in the event I am not able to do so myself:

Name of authorized person(s) and a brief description:

Parent/Guardian Signature

Date

Please note: The person(s) listed above should coordinate with those listed as emergency contacts on your child's Information Sheet.

