## DAY CAMP REGISTRATION FORM REGISTER ONLINE @ BAYSHORECAMP.ORG/DAYCAMPOTR **CAMPER NAME:** NICKNAME(OPTIONAL): / GRADE: IN SEPTEMBER OR FEMALE CAMPER BIRTHDATE: PARENT'S NAME: \_\_\_\_\_ MAILING ADDRESS: CITY: STATE: ZIP: HOME PHONE: \_\_\_\_\_ PARENT'S CELL PHONE: \_\_\_\_ HOME CHURCH: \_\_\_\_ EMAIL: \_\_\_\_ NAME OF CAMP: \_\_\_\_\_ START DATE: \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_ LIST TWO BUDDIES (OPTIONAL) Must be signed: IN AN EMERGENCY, I grant permission to Bay Shore Camp to secure emergency, surgical treatment, and/or routine medical care for the person named on this form while at camp. Permission is also given for participation, transportation, and use of images for camp publicity. (signature of parent/legal guardian or camper please sign here: that is 18 or older) Cost of DAY CAMP: \$179 (check one) I am enclosing CASH in the amount of I am enclosing a CHECK for the amount of (Make check payable to BAY SHORE CAMP) I am paying with a CREDIT/DEBIT card (check one): Security Cardholder Signature:



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## This form must be returned with registration

This in	nformation is	s helpful in pro	oviding a safe	and positive	experience for	your camper.	. No camper will be a	dmitted with	out this for	m.
Camper	Name:				_ Nicknam	e(optional):	: !	Sex:	Birthdate	:
Ac	ddress:									
							e: Zip:		Phone:_	
Parent/Gua	ardian:					Work Phone:		Mobile Phone:		
Emergancy Contac	t (other tha	an parent):							Phone:_	
Phy	sician:			Phone	:		Insurance Com	pany:		
Allergies		To Medication? No Yes			If ye	If yes, list:				
		Environmental? No Yes			If ye	s, list:				
		Certain foods? No Yes			If ye	If yes, list:				
Medications number of meds (such as Ritalin,	disp Med dispense	ensing at lication mu ed we are o ure, etc.) (	the desigr ist be sen only able t Campers ai	nated time t in their o give the re responsi	s. (Exception original of mat meals ble for re	on- Talk to containers s and bedt porting to	the nurse for	garding in or this ca critical th meds at	thalers at mper, be ney be at the appr	nd EPI pens.) cause of the another time opriate times
Medication	Dose	Breakfast	Lunch	Supper	Bedtime	Other	Only as needed	Reason	for Med	Med here?
Inhalers										
	The can	np nurse st	ocks the fo	llowing m	edications.	Please do	not send additi	onal amo	unts	
Acetaminoph Anta Antibiotic	) Calamine Lotion Decongestant Ibuprofen (M Cough Suppressant Diphenhydramimne (Benadryl) Imodium (Anti E Hydrocortisone Cream									
(check one)	TIt is OK	to give my	child these r	neds if indi	cated per sta	andard cam	p treatments			
	=	,								
<u> </u>		to use these		•		Off: -: -1 +:		:		
,	Routine Ca						ive my child first a are procedures.	na ana		
In ar	n Emergen				•		ency medical/surg	ical		
	_			,			m while at camp.			
							contact me prior t nergency treatme			
			ithheld or d			ivanubic, cn	nergency treatme	iic wiii		
Assump	tion of Ris	camping	activities (c	utdoor activ		, aquatics, t	re risks inherent t ransportation, etc			
Parent/Guard	ian Signat		F		to partie	<u> </u>		Date:	. /	/

Is your camper having difficulty with any of the following conditions? (Please check)											
Γ	yes no	yes	<b>-</b>	y€	es no						
ADHD	<b>  </b>	Dental Problems	<b>  - </b>	Frouble/Murmur	_  -						
Asthma/Wheezes		Diabetes	Inf	ectious Diseases							
Bed Wetting	F	requent Ear Aches		Sleep Walking							
Constipation	Fre	quent Sore Throat		Skin Rash							
Convulsions/Seizures			_								
Are your i	mmunizations up to date?	No Yes	Date of last tetanus:								
Any conditions limiting	participation in activities?	No Yes	If yes, please list:								
Is your camper on a special diet	? No Y	es Type:									
If so, please contact the camp at least two weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods for the nurse and counselor.											
Additional medical information, previous surgeries/injuries/serious illnesses/dietary concerns:											
				-							
Confidential guidance informat positive camp experience possil positively or negatively affecting	ble, such as recent changes i	n family relationships, le	earning/behavioral issues								
		Release Information									
Release Information  My child MAY BE released from camp to the following persons (include relationship) in addition to myself:											
My ch	hild may <u>NOT</u> be released fror	m camp to the following p	persons (include relationsh	ip):							