

# DAY CAMP REGISTRATION FORM

REGISTER ONLINE @ [BAYSHORECAMP.ORG/DAYCAMPOTR](http://BAYSHORECAMP.ORG/DAYCAMPOTR)

CAMPER NAME: \_\_\_\_\_ NICKNAME(OPTIONAL): \_\_\_\_\_

CAMPER BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_ IN SEPTEMBER MALE  OR FEMALE

PARENT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT'S CELL PHONE: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF CAMP: \_\_\_\_\_ EVENT #: BSC \_\_\_\_\_ START DATE: \_\_\_\_\_

LIST TWO BUDDIES (OPTIONAL) 1. \_\_\_\_\_ 2. \_\_\_\_\_

*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.*

please sign here: \_\_\_\_\_

*(signature of parent/legal guardian or camper that is 18 or older)*

Cost of DAY CAMP: \$179

(check one)

I am enclosing CASH in the amount of \$ \_\_\_\_\_ .00

I am enclosing a CHECK for the amount of \$ \_\_\_\_\_ .00 (Make check payable to BAY SHORE CAMP)

I am paying with a CREDIT/DEBIT card (check one):  VISA  MasterCard  DISCOVER

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Registration and Health form are *required* with this registration form.



**Is your camper having difficulty with any of the following conditions? (Please check)**

	yes	no		yes	no		yes	no
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble/Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Wheezes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Ear Aches	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>						

Are your immunizations 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  Yes

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 information for camp staff; Please provide information which might be helpful to the staff in providing the most positive camp experience possible, such as recent changes in family relationships, learning/behavioral issues, other issues that are positively or negatively affecting your camper at this time. This information will be kept confidential.

**Release Information**

My child MAY BE released from camp to the following persons (include relationship) in addition to myself:

\_\_\_\_\_

My child may NOT be released from camp to the following persons (include relationship):

\_\_\_\_\_