

DAY CAMP REGISTRATION/MEDICAL INFORMATION FORM

What Camp Location Are You Registering For: Arnold Rue Seifert Stribley Van Buskirk

Camper's Full Name: _____ DOB: _____ Age: _____ Sex: M F

Street Address: _____ City: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:

Father/Guardian _____
Father Home # _____
Father Cell # _____
Father Work # _____
Father Email _____

Mother/Guardian _____
Mother Home # _____
Mother Cell # _____
Mother Work # _____
Mother Email _____

Relationship to Child: _____ Cell #: _____ Work#: _____ Home #: _____

INSURANCE CARRIER: _____ I.D.#: _____

Children must be signed in/out daily by the parents/guardians listed above or assigned individuals below. Individuals listed below must be 18 years of age and possess a valid drivers license and will be required to show their drivers license. LATE FEE: \$15 fee per 15 minutes late, per child, will be charged for late pick-ups. No Exceptions.

To Register: Complete the Day Camp Registration/Medical Release Form and turn in to your preferred camp location.

ASSIGNED DROP-OFF/PICK-UP INDIVIDUALS:

Name	Relationship	Home/Cell Phone	Work Phone

Please provide any other information that will assist staff in making your Camper have the best experience:

PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION: I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume and such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City of any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions, or suits arising out of or in connection with my participation. This form will act as a medical release in the case of an emergency. I also understand that by participating in this event/program that I am giving consent for images of myself and/or my child to be used for promotional purposes or instruction by the City of Stockton. I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will. By signing this form, I authorize the staff with the City of Stockton to call emergency personnel if the need arises. I agree to update this form every year or sooner if my/our child's needs change.

PARENT SIGNATURE: _____ DATE: _____

PLEASE COMPLETE THE MEDICAL INFORMATION ON THE BACK SIDE OF THIS FORM

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The City of Stockton is concerned for the health, safety and inclusion of all children in its care. Accordingly, when a parent(s)/guardian(s) is registering their child in a City of Stockton recreation program we like to have as much information about each Camper to ensure their experience is as safe and memorable as possible. Please fill out the following health information to assist us. We encourage each parent/guardian to speak with Camp Staff prior to the start of the program for any questions, or if more information needs to be provided about their Camper. All information will be kept confidential.

HEALTH & MEDICAL INFORMATION (Please check ALL that apply)

<input type="checkbox"/> Asthma/Respiratory Condition	<input type="checkbox"/> Attention Deficit Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Sun Burns Easily	<input type="checkbox"/> Uses Epi-pen
<input type="checkbox"/> Unusual Bleeding	<input type="checkbox"/> Vision Impaired

Seizures Yes No **Type & Frequency** _____

Bee Sting Allergy Yes No **Reaction** _____

Food Allergies Yes No **List Foods & Reaction** _____

Medication Allergies Yes No **List Meds & Reaction** _____

Other Conditions: (Please Explain)

Does the Camper have a disability requiring any accommodations?
 If yes, please explain

Campers must be able to monitor and administer their own medication at camp.
 Is your child taking any medication? Yes No
 List Medication/Reason/Dosage/Interval:

