

BRISTOL TOWNSHIP SUMMER CAMP APPLICATION

June 19 – August 4, 2017

Camp Tuition: \$600.00 Resident Non – Residents \$700.00 Proof of Residency Required at Time of Registration				
Participants Last Name	First Name	<input type="checkbox"/> F <input type="checkbox"/> M	Age	Birth Date
Address	City	State		Zip
Email Address	Phone	Alternate Phone		
Parent/Guardian Name	Resident of Bristol Township (Circle One) Yes No		Grade Completed	
Emergency Contact	Emergency Contact Phone Number	Health Problem's, Allergies, Ext. (Circle One) Yes No		
Method Of Payment/Amount Paid Cash _____ Credit Card _____	Return checks will be charged a \$35.00 fee. Until payment is made campers application will not be held. Check # _____	If yes please complete back of form		
		Immunizations must be up to date copy of proof required. (Circle One) Yes No		

Release Of Liability

All Participants Are Required To Sign This Form

I, the parent or guardian of the above minor, submit that my child is able to participate in the above activity and waive Bristol Township, Its Employees, The School District, Camp Coordinator, Instructors, Bus Company, and Affiliates of any responsibility of injury, illness, damages, legal fees and all other liabilities connected with his/her attendance of this program.

Signed _____ Date _____
Parent/Guardian Signature

Medical Treatment - I hereby give permission for my child to be given (CPR) and first aid treatment by a qualified staff member. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance to the nearest emergency center for treatment.

Signed _____ Date _____

T-Shirt Size (Circle One)

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

Each Camper will receive one t-shirt. Extra shirts are available for \$7.00 while supplies last

Photos may be taken at any or all Bristol Township Activities and used for promotions of future events. If you do not want your child/children's picture published, please notify the Bristol Twp. Recreation Department 267-812-2933 or email schampey@bristoltownship.org

Bristol Township Summer Camp

Health History

Child's Name		Age	Grade	Birth date
Parent/Guardian		Home Phone		Work Phone
Home address		City	State	Zip
Emergency Contact		Relationship		Phone
Emergency Contact		Relationship		Phone
Physician	Phone	Dentist	Phone	
Medical Insurance Carrier		Group/Policy Number		

Health History: (Check – giving approximate dates)

General Health

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions/Seizures
- Diabetes
- Bleeding/Clotting Disorder
- Mental/Social Handicap
- Glasses/Contacts
- Hearing Problems
- Special Diet Needs: _____

Allergies

- Hay Fever
- Ivy Poisonings, etc.
- Insect Stings
- Penicillin
- Other Drugs
- Foods: _____
- Other: _____

Diseases

- Asthma
- Measles
- German Measles
- Mumps
- Hepatitis/Jaundice
- Other: _____

Operations or serious injuries (dates/describe) _____

Chronic or recurring illness _____

Other diseases or details from above : _____

Current medications _____ Will it be sent to camp? _____

ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE:

IMMUNIZATION INFORMATION: Date of last Tetanus injection: _____

Parent/Guardian's Authorization:

This health history is correct so far as I know. I hereby give permission for my child to be treated in an emergency if I am unable to be reached.

Signature _____ Date _____