

# Form A: Camper Registration

## SUMMER PLUS 2017

### Program Information:

Please check one or more session(s):

<input type="checkbox"/> <b>SESSION I</b> (6/26 – 7/7)	<input type="checkbox"/> <b>SESSION II</b> (7/10 – 7/21)	<input type="checkbox"/> <b>SESSION III</b> (7/24 – 8/4)
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### Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  M  F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Grade: \_\_\_\_\_ Grade in Sept. 2017: \_\_\_\_\_ Shirt Size \_\_\_\_\_

School child is currently attending: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Information:** (other than parent/guardian)

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### FOR OFFICE USE:

Fee Paid: \_\_\_\_\_ Cash  Check  Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Date/initial when entered into computer: \_\_\_\_\_

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## Health Information:

Doctor's Name: _____ Phone #: _____
Does your child take medication on a daily basis? _____ Yes _____ No <b>(The Summer Plus staff will not dispense medication at any time.)</b>
Does your child have any allergies, hives, asthma, or reactions to food, bee stings, etc.? _____ Yes _____ No
Is there any personal information, special limitations, or medical conditions that the staff should know about your child? Please share any useful information to help us better meet your child's needs. _____ _____ _____
NOTE: Your child will not be assigned a group until the proper medical forms have been returned and processed by the office staff. In order to ensure the safety of your child, please check all expiration dates of medications, inhalers, and epi pens, before your child attends his or her first day of camp. Your child will not be allowed to stay at camp if they do not have their proper medications/inhalers/epi pens.
Nurse's signature (if any of above are checked yes): _____

## Hold Harmless

In consideration for the Township of Hanover permitting my child to participate in the 2017 Summer Plus Program, I hereby agree and/or represent the following: He/She is in good mental and physical health. I understand that there may be some risks involved in the participation of the above sporting activity, including, but not limited to those associated with weather/playing conditions, equipment and other participants. As a parent, I fully assume the risk associated with the participation in said sporting activity. I hereby waive any and all claims that I may have against the Township of Hanover and its employees and agents arising out of any personal injury or property damage that is incurred during said participation whether active or inactive.

## Emergency Policy

Name of Insurance Carrier: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy and ID #: \_\_\_\_\_

In the event of an emergency, I give permission for my child to be transported by emergency vehicle to a nearby hospital emergency room and given necessary medical attention. I also give my child permission to participate in the 2017 Summer Plus program including all scheduled trips.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_