

Form A: Camper Registration

TRAVELLING TEENS 2017

Program Information:

July 10 through July 28, 2017
8:30 a.m. – 4:30 p.m.

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
(The Travelling Teens staff will not dispense medication at any time.)

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 Travelling Teens 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 onsite activities and trips. As a parent, I fully assume the risk associated with the participation in the Travelling Teen Program. 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 give necessary medical attention. I also give my child permission to participate in the 2017 Travelling Teens program including all scheduled trips.

Parent Signature: _____ Date: _____