

Town of Eastchester
Summer Camp Registration Form 2017 **Rainbow**

(This form **MUST** be **completed** for each child. Please include payment with form)

CAMPER'S NAME _____ Male _____ Female _____
PARENT'S NAME _____
Complete Address _____
Phone Numbers: Home _____ Work _____
Cell _____ E-mail Address: _____
Date of Birth _____ Age as of 6/27/2017 _____
Grade in **September 2017** _____ School attending (Fall 2017) _____

CAMP Rainbow	FEE
<input type="checkbox"/> Early Bird Registration (4/3-4/7)	\$500
<input type="checkbox"/> Regular Registration (4/8-4/29)	\$600
<input type="checkbox"/> Late Registration (5/1-5/15)	\$650
 <input type="checkbox"/> Additional Child Discount	 (\$50)
Total _____ Check # _____ Cash _____	

Daytime/Business Phones: Mother _____ Father _____
Doctor's Name: _____ Phone _____
Emergency Contacts: Name _____ Phone _____
Name _____ Phone _____
Please list any allergies (bee stings, foods, medications, etc) _____
Are any medications or precautions necessary for the allergy? _____
Is your child required to take medication or use an inhaler during camp hours? _____ Yes _____ No
If Yes, please list _____
Medical Comments- limitations for camp activities (i.e. physical, visual, auditory, etc)

MEDICAL HISTORY- IMMUNIZATION RECORD-
INFORMATION MUST BE WRITTEN ON FORM- NO ATTACHMENTS
(Required by New York State Law) Please list EXACT DATES (i.e. 3/20/85)

1. Diphteria/ Pertusus/ Toxoid (DPT) 4 doses **DATES:** 1) _____ 2) _____ 3) _____ 4) _____
2. Oral Polio Vaccine (OPV) 3+ **DATES:** 1) _____ 2) _____ 3) _____ 4) _____
3. MMR Vaccine 2 doses **DATES:** 1) _____ 2) _____
4. HIB Vaccine 1 dose **DATES:** 1) _____
5. Chicken Pox 1 dose **DATES:** 1) _____
6. Hepatitis B 3 doses **DATES:** 1) _____ 2) _____ 3) _____

The undersigned hereby releases the Town of Eastchester, its Board, employees, and volunteers of any liability whatsoever in connection with any damages and/or injury that the above named person may sustain as a result of his/her participation in the above named program

Emergency Authorization:

In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure treatment. The Camp reserves the right to dismiss a camper at any time for improper behavior or if they pose a health risk to others.

Parent/ Guardian Signature (required)

Date