

RIVERSIDE DAY CAMP REGISTRATION AND HEALTH FORM

Please print clearly. This form may be copied. Please use a separate form for each camper. Please take a moment to review and sign the Conduct Covenant, as well.

PLEASE RETURN YOUR COMPLETED REGISTRATION FORM TO YOUR LOCAL DAY CAMP COORDINATOR.

Personal Information

Name: _____	Grade Entering: _____	Sex: M / F
Birth Date: ____/____/____	Age: _____	1 st time day camper? Y / N
Address: _____	City: _____	State: ____ Zip: _____
Parent/Guardian Name: _____	Email address: _____	
Phone: _____	Work phone: _____	
Parent Cell Phone: _____		
Emergency Contact & Phone #: _____		
Siblings attending Day Camp: _____		
Church (if different from host church): _____	City: _____	

General Health Information

Chronic or recurring illness or medical condition that may affect Day Camp life: _____
Dietary restrictions (i.e. vegetarian, lactose intolerant, food allergies): _____

Other suggestions that may help make your day camper's week more comfortable and enjoyable: _____

Medications (please list kinds and dosage): _____

Insurance Information

Insurance company: _____
Policy #: _____
Holder's name: _____
Family doctor: _____ Phone #: _____

Immunizations

DPT (series of 3)	Y/N
Polio	Y / N
MMR (measles/mumps/rubella)	Y / N
Date of last tetanus: _____	

Permission

** I give my permission for my child to participate in all aspects of the Day Camp except as noted.	
** I understand that every effort will be made to contact me if my child needs emergency medical treatment.	
** I authorize medical personnel or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child.	
** I give permission for any picture taken of my child to be used for promotional purposes.	
_____	_____
Parent/Guardian Signature	Date