Town of Wells

Summer Recreation Registration Form

Please print legibly and complete ALL sections below:

Name (First and Last)_____Gender: ____DOB:_____
E-mail Address: _____Best Contact Number:_____
Address: _____ City/State/Zip: _____
Age at time of camp:_____ Grade Entering this fall:_____ Siblings at Camp: _____
T-shirt Size: Youth _____ or Adult _____

Parent/Guardian Information

ACCOUNT HOLDER/PARENT/GUARDIAN 1
Name (First and Last) _____ DOB: _____
Work:_____ E-mail Address: _____
Best Contact Number:_____
Address: _____ City/State/Zip: _____
Second Contact #:_____ Work Phone:_____
Custodial Parent: _____ Relationship to child:_____

PARENT/GUARDIAN 2
Name (First and Last) _____ DOB: _____
Work:_____ E-mail Address: _____
Best Contact Number:_____
Address: _____ City/State/Zip: _____
Second Contact #:_____ Work Phone:_____
Custodial Parent: _____ Relationship to child:_____

EMERGENCY CONTACTS AND AUTHORIZED PICK-UP PERSONS		
Name	**Relationship to Camper**	**Phone Number**

HEALTH HISTORY

List any allergies (especially food) or medical conditions that we should know about and how we should treat an incident_____

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most Recent Dose
	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
Diptheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Varicella (chicken pox)						
Had chicken pox Date:						

*If you are unable to get a copy of the information above: I give the NYS Hamilton County Public Health permission to access and share my child's immunization record with the Town of Wells Day Camp.
Parent/Guardian Signature:_____

MEDICATION

Self-administration of medications will only be allowed for emergency medications such as inhalers and epinephrine auto-injectors, or when directed by the camper's physician and/or parent. Campers will **not** be allowed to self-administer "as needed" (PRN) medications.

*Med #1*_____ Dosage_____
Specific time taken_____ Reason for taking _____
*Med #2*_____ Dosage_____
Specific time taken_____ Reason for taking _____

MEDICAL INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? ☐Yes ☐No
Name of Insured:_____ Insurance Co.:_____
Group or Policy #:_____ Carrier Phone Number: _____

LEGAL CONSENT

Please photocopy this form for your personal records.

MEDICAL CONSENT

I hereby give permission to the Town of Wells Summer Recreation Staff to follow the self-administration procedures, as outlined by NYSDOH, with my child. In case of injury or illness, parents will be contacted immediately by Town of Wells Summer Recreation Staff. Each situation will be handled individually and with the parents input. If deemed necessary due to the level of injury or illness, I hereby give permission to the Town of Wells Summer Recreation Staff to secure and administer medical treatment, including hospitalization, for my child. I further acknowledge full responsibility for any and all bills incurred in obtaining medical treatment. Initial Here:_____

BEHAVIOR POLICY

The Town of Wells Summer Recreation wants our campers to have a fun, safe experience this summer. Therefore, we expect all campers to act in a safe manner, respect others, and respect property. If these expectations are not met, based on the severity of the behavior, i.e. disrupting, name calling, fighting, and/or consistently failing to follow instructions, campers will face consequences, i.e. time out of activities or suspension from the program for 1 or more days, at the discretion of Town of Wells Summer Recreation Staff. I hereby acknowledge that I have read through the behavior expectations and reviewed them with my child. Initial Here:_____

PHOTO AUTHORIZATION

I grant permission to the Town of Wells Summer Recreation, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Town of Wells Summer Recreation activities for any lawful purpose including publication, promotion, illustration, advertising, or historical archive in any manner or in any medium by the Town of Wells. I hereby release Town of Wells Summer Recreation and the Town of Wells and its legal representatives from liability for any violation or claims relating to said images or video. Initial Here:_____

SIGNATURE

I hereby acknowledge that I have read and understood all of the information in the Town of Wells Summer Recreation Registration Form packet.

Parent/Guardian Signature:_____ Date:_____