

CAERNARVON TOWNSHIP

3307 Main Street, Morgantown PA

2018 SUMMER CAMP PROGRAM

Rates: \$280 per child = NON-REFUNDABLE

REGISTRATION & MEDICAL/EMERGENCY FORM

(Please print or type information – a separate form is required for each child)

Child's Name: _____
Last First MI

Age*: _____ Birthdate: _____ Birth Certificate _____
* Age requirement – 6 yrs old (as of Nov 1, 2018. 12 Years old through August 30, 2018)

Address: _____ Home Phone: _____
City / Zip: _____ Email Address _____

NAME WORK PHONE CELL PHONE

Mother: _____
Father: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- My child may walk home from park by himself/herself.
- Only authorized person(s) listed below may sign in/out or pick-up my child.

EMERGENCY CONTACT (If parents cannot be reached):

Name: _____ Relationship: _____
Address: _____ Phone: _____

MEDICAL HISTORY: IMPORTANT – List any emotional or behavioral problems pertaining to your child. (Use separate sheet if required.)

Does your child have an allergic reaction to BEE or WASP STINGS? Yes No If yes, please indicate any reactions:

Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Group Number: _____

PARENT AUTHORIZATION for Camp Counselor to administer emergency treatment (i.e. CPR/First Aid) or call ambulance.

PARENT or GUARDIAN: _____

AGREEMENT OF WAIVER LIABILITY

I, _____ give permission for my child _____ to attend and participate in the Summer Camp Program sponsored by Caernarvon Township (Berks County) Parks and Recreation Department. I understand summer camp activities, including field trips, involve risks and I hereby agree to waive and release the township of Caernarvon, the Parks and Recreation Department, their agents, representatives, insurers, employees and/or counselors from any and all claims, all manners of action, suits, causes of action, and any and all liabilities that are related to or arise out of any accident, injury, and/or illness my child may sustain while participating in the above mentioned program sponsored by the Township of Caernarvon. I am agreeing to sign this agreement on behalf of myself and my child.

SIGNATURE OF MOTHER _____ DATE _____

SIGNATURE OF FATHER _____ DATE _____

DEADLINE FOR CAMP REGISTRATION IS MAY 1, 2018

**CAERNARVON TOWNSHIP RESERVES THE RIGHT
TO CANCEL SUMMER CAMP
IF THE NUMBER OF REGISTERED CAMPERS
WILL NOT EQUAL CAMP EXPENSES.**

IN THIS CASE, REFUNDS WILL BE ISSUED.

For office use only

_____ Amount Paid

_____ Office Initials

_____ Cash

_____ Check Number