

# FIRST ENGLISH DAY CAMP REGISTRATION & HEALTH FORM

Please complete one form per Camper:

Camper's Name \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Grade Completing \_\_\_\_\_  
 Name of Parent or Guardian \_\_\_\_\_ Daytime Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_  
 \_\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Doctor / Health Care Provider \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_

**Health Information:** *Use additional space if needed.*

1. Immunizations:           A] DPT Permanent Shots (series of 3): Yes / No  
                                   B] Polio Immunization: Yes / No  
                                   C] Date of last Tetanus booster: \_\_\_\_\_
2. Special Dietary Needs: Yes / No, If yes, please explain:
3. Allergies: Food, Drugs, Hay fever: Yes / No, If yes, please explain:
4. Medication: List name(s) and dosage(s):
5. List any illness, chronic condition, or physical consideration the child has that may affect participation or safety:
6. Other suggestions that may help us to make your camper's week more enjoyable (regarding fears, anxieties, etc.)

I authorize the following people to pick up my child from Day Camp. If there are any changes in these arrangements, I will give advance written notice. (Note: If there are any special instructions, or any persons who are not authorized to pick up your child, please make a specific note on this page.)

Name	Phone(s)	Relationship

\_\_\_\_\_  
 Signature of Parent/Guardian

- \_\_\_\_\_ I am interested in being a day camp volunteer.
- \_\_\_\_\_ I can Welcome the Good Earth Village Day Camp Staff to my home for an evening meal.
- \_\_\_\_\_ I would be willing to prepare sack lunches one day for the Good Earth Village Day Camp Staff.
- \_\_\_\_\_ I Invite up to \_\_\_\_\_ (number of people) Good Earth Village Day Camp Staff to stay at my home.

**RELEASE:** I give permission for my child to participate in all programs for the week and agree that the church and the camp as well as staff and volunteers from these organizations will not be held responsible for accidents or personal injury arising therefrom. I authorize the adult leaders from the church and the Good Earth Village staff to secure any medical or emergency treatment deemed necessary for my child. As my child's parent or guardian, I am the primary carrier of accident/health insurance for my child. I also grant permission for my child's photo and video to be used in any promotional materials by the camp and the church.

\_\_\_\_\_  
 Signature of Parent/Guardian