

**PENDER COUNTY PARKS AND RECREATION  
SUMMER DAY CAMP  
2019 REGISTRATION FORM**

Name of Child \_\_\_\_\_  
First Middle Last

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ T-shirt size: YS YM YL YXL AS AM AL AXL

School Attending \_\_\_\_\_ Grade in School Year 2018-2019 \_\_\_\_\_

**FAMILY INFORMATION**

Mother/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Contact Email Address \_\_\_\_\_

**INSURANCE INFORMATION**

Medical Insurance Co.'s Name \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Staff Verification (Initials) \_\_\_\_\_

**CHILD'S INFORMATION**

Please read and answer the following questions. Any "yes" response will require an explanation.

1. Known Allergies (Food, medication, plants, animals, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_
2. Respiratory problems (Asthma, persistent cough, abnormal chest X-ray; Tuberculosis, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_
3. Heart Disease (High/low blood pressure, murmurs, shortness of breath, chest pain, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

4. Stomach or intestinal problems (Ulcers, jaundice, hernia, colitis, indigestion, etc.)?  
Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
5. Kidney, gall bladder or liver disease? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
6. Diabetes or hypoglycemia? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
7. Muscular/skeletal problems (Arthritis, hernia, recent fracture, etc.)?  
Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
8. Eye, ear, nose or throat problems (Hayfever, ear infections, impaired sight or hearing, etc.)?  
Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
9. Nervous Disorder (Convulsions, epilepsy, dizziness, etc.)?  
Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
10. Emotional or mental disorder (Frequent anxiety, excessive fears, etc.)?  
Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
11. Skin Disease? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
12. Any surgical operations, accidents or injuries that required hospitalization in the past two  
(2) years? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
13. Any recent exposure to a contagious disease? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
14. Currently under doctor's care? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
15. Currently taking continuous medication? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
16. Any special dietary needs? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_
17. Any limiting physical conditions? Yes\_\_\_\_No\_\_\_\_Explain\_\_\_\_\_

It is my opinion that my child, \_\_\_\_\_, does not have any physical, mental, or communicable conditions that will interfere with participation in this program. I consider his/her health to be: Poor\_\_\_\_Fair\_\_\_\_Good\_\_\_\_\_

**NOTE:** We **cannot** administer any medication without a **completed** *Permission to Administer Medication Form* that is available from the Camp Director. Whenever possible, please administer medication before or after camp hours.

Please list any information that will be helpful to staff in making your child's summer camp experience a positive one. (i.e. special likes or dislikes, fears, eating habits, etc.)

---



---



---

### EMERGENCY CARE INFORMATION

Name of Child's Doctor\_\_\_\_\_Phone\_\_\_\_\_

Name of Child's Dentist\_\_\_\_\_Phone\_\_\_\_\_

Hospital Preference\_\_\_\_\_

**\*\*Emergency Contact;** if **neither** father nor mother (nor guardian) can be contacted, call:

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone\_\_\_\_\_

## PICK UP INFORMATION

Please list below persons who will be allowed to pick up your child in addition to parent(s)/guardian(s). Without prior permission from you; **only** those listed will be able to pick up your child. Staff may request a picture ID before releasing your child to him/her.

<u>Person(s) Authorized to Pick Up Child</u>	<u>Relationship to Child</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please place an "X" in the space provided beside each week that your child will be attending camp.

June 24 – June 28 _____	July 8 – July 12 _____	July 22 – July 26 _____	August 5 – August 9 _____
July 1 – July 5 _____	July 15 – July 19 _____	July 29 – August 2 _____	August 12 – August 16 _____

*\*Since spaces are limited, a waiting list will be established so please let us know **as soon as possible** if your child will not be attending summer day camp for all weeks you have signed him/her up.*

I release the County of Pender and/or Pender County Parks and Recreation, their employees, and volunteers from all responsibility or liability of any nature for any injury, aggravation of a pre-existing condition, or bodily injury from the normal risks incidental to participation in summer day camp activities, including traveling to and from field trip destinations. I understand that the camper is not to be permitted by me to participate when he/she has any illness, injury, or physical or mental limitation that might endanger his/her safety or the health and/or safety of others.

I agree that the Summer Day Camp Director or designee may authorize the physician of his/her choice to provide emergency care in the event that the child's parent(s), physician nor emergency contact(s) listed cannot be contacted immediately. I accept the responsibility for the cost of such medical treatment.

I further agree that photographs and/or video taken of my child during program hours may be used for any and all promotional materials, publications, website, social media, etc.

I have completed this registration form as accurately as possible.

I have read the Operational Policy, fully understand it and agree to abide by the payment schedule outlined in it.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_