

2019 Day Camp Registration Form

Camper Name: _____ 2019 grade completed _____ Gender M F

Parent/Guardian Name: _____ Camper's Birthdate: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Emergency Contact: _____ Phone: _____

Is this the camper's first camp experience? ___ No ___ Yes

Parents must sign the following for campers under 18:

I give my child permission to participate in the programs and activities provided at camp. Any photos, video recordings, or interviews taken at camp or during activities in which my child appears may be used for promotion, including on Sequanota's website free of claims. I also understand that if my child's behavior does not adhere to the Sequanota guidelines, or if his/her conduct threatens the safety of other campers, my child may be dismissed from camp, whereby I am responsible for transportation, with no refund of camp tuition.

Parent/Guardian Signature _____ Date _____

Adults authorized to pickup my child: _____

Health History & Emergency Authorization

Health Insurance Co.: _____

Policy or ID # _____ Group Plan ID # _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

List any allergies: _____

Date of last Tetanus shot: _____

Dietary **or** activity restrictions: _____

List any past medical history/treatments: _____

Current Medications (send in original containers with instructions): _____

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted. **Emergency Authorization:** I hereby give permission to medical personnel selected by the day camp directors/camp nurse to order x-rays, routine tests, treatment; to release any records necessary for insurance purpose; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the day camp administration to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian _____ Date _____