

Town of Ancram Summer Camp Registration 2017

Camper's Name _____ Nickname: _____
Parents/Guardians Name _____
Address _____ State _____ Zip _____
Date of Birth _____ Sex: M _____ F _____ Grade in School _____
Home Phone _____ Mom's Cell _____
Dad's Cell _____ Email Address _____

Own or rent property in Ancram? Yes ___ No ___

Which Camp sessions are you registering for?

Session I: 7/5-7/7 _____ Session IV: 7/24-7/28 _____
Session II: 7/10-7/14 _____ Session V: 7/31-8/4 _____
Session III: 7/17-7/21 _____ Session VI: 8/7-8/11 _____
Session VII: 8/14-8/18 _____

Child Care Release: The Ancram Summer Camp will only be allowed to release your child to the three members that you authorize to pick up your child.

1. _____ Phone: _____ Cell: _____
2. _____ Phone: _____ Cell: _____
3. _____ Phone: _____ Cell: _____

Swimming program: I want my child to participate in the MWF swim lesson program. Yes ___ No ___ Swim level _____. I agree for my child to participate in open swim while at camp. Yes ___ No ___.

Field trip permission form: I agree to allow my child _____, to participate in field trips with the Ancram Summer Camp.

Signature: _____ Date: _____

Town of Ancram Summer Camp Health Form

(Please include **a copy** of your child's immunization record, and **a copy** of a physical within the last year.)

Child's Name and Address _____

Phone: _____ Cell: _____

Date of Birth _____ Grade in school _____

Parent's Names and Address _____

Does your child live with both parents _____ If no, then please list the parent who has custody: _____

Name of guardian _____

Doctor's name _____ Phone _____

Insurance company _____ Policy # _____

Hospital preference _____

Does your child have allergies? Yes _____ No _____

(If yes, please check the allergy)

Nuts _____ Gluten _____ Dairy _____ Shellfish _____ other _____

Medication _____ Bee Stings _____ if yes, what happens? _____

_____ Has your child been stung before? _____

Do they have an Epi-pen? _____

Other Allergies _____

Is your child up to date with his/her immunization records? Yes _____ No _____

If no, please explain _____

Is your child currently taking any medications Yes _____ No _____

Please list _____

Please list any surgeries or broken bones that your child has had.

Camp T-Shirt

Camper's Name: _____

Please circle size you wish us to order:

Child's Small (4-6) Medium (8-10) Large (12-14)

Adult Small Medium Large