

REGISTRATION FORM

Name: _____

Grade (fall 2017) _____

Age: _____

DOB: _____

Session (Circle):

August 7-11

August 14-18

Parent/Guardian: _____

Phone(Home): _____

Phone(Work): _____

Phone(Cell): _____

Address: _____

Email: _____

Insurance Acknowledgement:

I acknowledge that my child will be participating in supervised physical activity where inherent risk is involved. I understand that Tivoli Rec Camp does not carry insurance for camp participants.

Signature: _____

Date: _____

Media Waiver Release:

I hereby grant permission to the Village of Tivoli to use photographs and other forms of media of my child/ren in any and all forms of publication for public view. I will make no claim against Tivoli for use of obtained media.

Signature: _____

Date: _____

Pick-up Release Information:

Individuals listed below are permitted to pick up my child from the program. Photo ID required.

Full Name: _____

Relationship: _____

Phone: _____

Full Name: _____

Relationship: _____

Phone: _____

Full Name: _____

Relationship: _____

Phone: _____

Please note, registration is not complete without a completed medical form and fee.

For Office Use Only:

- Registration Form
- Health Form
- Immunization Records
- Fee

Notes: _____

Medical Form

Parent/Guardian _____
Name of Physician: _____
Phone: _____
Health Insurance
Provider: _____
Policy Number: _____
Phone: _____

Emergency Contact Name
#1: _____
Relationship: _____
Phone: _____

Emergency Contact Name
#2: _____
Relationship: _____
Phone: _____

Medical Information:

Allergies:	Food:	Yes	No
	Medicine:	Yes	No
	Plants:	Yes	No
	Insect Bites:	Yes	No

Please list specific allergies and instructions:

Medical Conditions:

Please list any known medical conditions such as asthma, convulsions, etc.:

Please list any reasons to restrict full participation in physical activities:

Medicines and Immunizations:

Is your child currently taking any medications that will limit full participation (e.g. sun exposure while on antibiotics)?
Please list:

Does your child require any special equipment such as orthopedic or Handicap devices, Glasses or contacts, Dentures, Epi-pens, etc.? Please list:

Any additional health concerns or instructions:

Please be aware that camp counselors cannot administer medications or sunscreen to campers.

Please attach Immunization records to this form. This form is not complete without a record of Immunization.

In case of Emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the Recreation Program Director to secure proper treatment, including hospitalization, anesthesia, surgery or administration of medication for my child.

Signature: _____
Date: _____