

Friendly Summer Camp, Inc. Registration Form

Mailing Address: P.O. Box 972, Reisterstown, MD. 21136

Phone: 443-244-2777; Fax: 1-877-412-1222

Email: friendlysummercamp@yahoo.com

Website: friendlysummercamp.com

Monday – Friday 8am – 5:00pm.

Registration Fee: \$50 Non-refundable

Please complete one form per child.

Please print clearly.

Registration Form

Health Form

No of Wks. (Payment Bi-Weekly- Mondays)

Child's Full Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Gender Male Female Age: _____ Grade: _____ T. Shirt Size: _____

Mother's/Guardian's Full Name _____ Daytime Phone _____ Cell Phone _____

Father's/Guardian's Full Name _____ Daytime Phone _____ Cell Phone _____

Primary Email Address _____

Marital Status Married Divorced Single Separated Spouse Deceased

Any parental custody arrangements we should be aware of? _____

Date of child's last physical (must be within 24 months of camp start date) _____

Doctor's Name _____

Doctor's Address & Phone _____

Emergency Contacts / Authorized Pick-Ups (Other than Parent/Guardian):

			Authorized Pick-Up	
			Yes	No
Name _____	Relationship _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	Relationship _____	Phone _____	<input type="checkbox"/>	<input type="checkbox"/>

CAMPER'S CODE OF CONDUCT

Disciplinary action may be imposed whenever a camper commits or attempts to commit any act of misconduct at Friendly Summer Camp, or at any activity, function, or event sponsored or supervised by FSC, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.
3. Theft of property or services
4. Intentional or willful and wanton destruction of property.
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct which constitutes harassment or abuse that threatens the mental well-being, health, or safety of an individual.
8. Do not bring laptops, MP3 players, iPods, CD's/DVD's, or any electronic devices to camp. Cell phones may not be used during camp time; they must be turned off.

* Consequences include, but are not limited to, time out, notifying parents, and removal from the program for the safety and well-being of other campers.

Friendly Summer Camp, Inc. Health Form

A camper participant will not be permitted to attend camp unless this form is completed, in its entirety, and returned no later than one week prior to registration. PLEASE PRINT CLEARLY

PUBLICITY / PHOTOGRAPHY RELEASE: I give permission to use the camper in either photographs or video material for future promotion of the summer activities. **Yes. ___ No. ___**

Child's Name: _____ Gender : (circle one) Male Female
Last Name First Name

Parent/Guardian: _____ Daytime Phone: () () ()

Evening Phone: () () () Cell Phone: () () ()

Address: _____
Street Number City State ZIP

If not available in an emergency, notify: 1 _____ Number: _____
 2 _____ Number: _____

******Please include a copy of your insurance card OR complete the following******

Relation to Camper: _____ Policy Holder DOB: / /

Policy/Group #: _____ Insurance Company Phone Number: _____

Primary Care Physician: _____ Contact Number: () () ()

Pre-approval Required? (circle one) YES NO

Immunization History - Dates are REQUIRED or include a copy of your immunization record.

DTP Series: _____ Booster: _____

Measles: _____ Rubella: _____

Tetanus: _____ TB Test: _____

Meningitis: _____ Hepatitis B: _____

Chicken Pox: _____

Haemophilus Influenza Type B: _____

General Medical Information -

Asthma: (Circle one) YES NO

Current Medications: _____

Allergies:

Food: _____

Medications: _____

Bee Stings: _____ Other: _____

PARTICIPANTS with the following conditions must provide written physician's clearance before attending the Friendly Summer Camp. Please return an official letter of physician's clearance (for each item) with the form.

Please specify the condition in the space provided:

Fracture in the last 6 months: _____ Surgery in the past year: _____

Seizure disorder: _____ Heart Condition: _____

Diabetes: _____ Hemophilia/blood disorder: _____

Loss of organ: _____ Hospitalization in last 6 months: _____

Spinal, head injury or concussion: _____ Other Injury/Illness requiring ongoing care: _____

Please Initial the Following Statements:

_____ To the best of my knowledge this health history information is correct and the person herein described has my permission to engage in all activities, with the exception of any physical limitations as described. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I agree to indemnify Friendly Summer Camp, Inc. and its employees for any claim which may hereafter be presented by our (my) son/daughter as a result of any such injuries.

_____ In consideration of being permitted to participate in this program, I, the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims of any kind that I may have against Friendly Summer Camp, Inc., including, without limitations, rights or claims alleged to arise out of injury, illness or property loss suffered by me/my child which might occur while participating in this program.

_____ Friendly Summer Camp, Inc. provides liability insurance for all its programs. I understand that I must provide my own accident insurance. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child

_____ I give consent that Friendly Summer Camp, Inc. may use any photographs or video tapes of my child for promotional or public relations purposes, including website material and camp advertising (optional).

_____ There are no **refunds** for cancelation, except for medical reasons and only after receipt of written verification by a physician of significant injury or physical illness.

Signature: _____ **Date:** _____