

# SPREE Camper Registration Packet 2017

**Camper Information:**

**Date of Completion:**

**Camper 1**

First and Last Name:

Preferred Name:

Gender:

Age:

Birthdate:

Grade:

Is your camper's immunization up to date?:

DPS Student ID #:

Special Needs:

Allergies:

Chronic Health Problems:

**Camper 2**

First and Last Name:

Preferred Name:

Gender:

Age:

Birthdate:

Grade:

Is your camper's immunization up to date?:

DPS Student ID #:

Special Needs:

Allergies:

Chronic Health Problems:

Camper(s)'s Address:

Insurance Provider:

**Please provide a copy of insurance cards immunization records on the first day of camp.**

**If you have additional campers, please fill out the "Camper Information" section on an additional form.**

**Contact Information: All contacts listed will be considered authorized to pick up the above listed camper(s).**

**Primary Contact's Full Name:**

Primary Phone:

Alternate Phone:

Home Address:

Work Address:

Email Address:

Are there any special instructions for contacting you?

**Secondary Contact's Full Name:**

Primary Phone:

Alternate Phone:

Home Address:

Work Address:

Email Address:

Are there any special instructions for contacting you?

**Alternate Emergency Contacts**

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone Number:	Phone Number:	Phone Number:
Alternate Number:	Alternate Number:	Alternate Number:

**Emergency Contact Information:**

Physician's Name:	Physician's Phone Number:
Physician's Address:	
Dentist's Name:	Dentist's Phone Number:
Dentist's Address:	
Hospital of Choice:	Hospital Phone Number:
Hospital Address:	

**Waivers:****Authorization for emergency medical care and transportation:**

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

**I Agree****Release of Liability:**

I hereby certify the following: 1) By signing this form I acknowledge that the above information is true and complete; 2) I give my consent for medical treatment of my child, should treatment for any accident or illness be required during summer camp; 3) I waive and forever discharge the sponsors, organizations, affiliates, as well as their agents and employees from any and all claims that may accrue as a result of my child's participation in summer camp; 4) I give The Greenway Foundation and its partners permission to use pictures, images, and likenesses of my child(ren) for website, marketing, and other materials; 5) I will provide my camper with sunscreen and understand that it will be applied at least twice daily for skin care and sun burn prevention.

**I Agree****Video Permission Form:**

I hereby give my permission for my child to watch G movies at Adventures Outside Day Camp. Staff will determine the appropriateness of specific PG movies, and movie titles will be made available to parents prior to showing, a permission slip for viewing the PG movie will be made available for signing prior to the movie being viewed. Alternate activities will be provided for children not viewing the movie.

**I Agree****Acknowledgement of Receipt of Parent**

I hereby certify that I have received and read a copy of the SPREE's Day Camp Parent Handbook. I will abide by the policies set forth in the parent handbook. I have also discussed the policies and procedures with my child. I understand that by enrolling my child(ren) in SPREE Day Camps, they are a member(s) of SPREE's Neighborhood Youth Organization.

<b>I acknowledge the above information is correct.</b>		
Printed/Typed Name:	<b>Signature (in person on the first day of camp):</b>	Date: