



**EAST FISHKILL CHILDREN'S CAMP
REGISTRATION FORM**

CHILD'S NAME(S):

last	first	completed grade	d.o.b.	age	sex
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

ADDRESS: _____

street city state zip

HOME TELEPHONE: _____ E-mail _____

Parent/guardian: _____ Relationship _____ Work #: _____ Cell # _____

Parent/guardian: _____ Relationship _____ Work #: _____ Cell # _____

Please list:	Allergy (please explain)	Medications	Date of last tetanus
1. _____	_____	1. _____	1. _____
2. _____	_____	2. _____	2. _____
3. _____	_____	3. _____	3. _____

Does your child require emergency treatment for any of the following:
 Bee stings Asthma Nose bleeds Diabetes Epilepsy other _____

** Medications held by health director require doctor's Rx on file.

Are there any behavior issues or disabilities of which we should be aware? _____

Is there a physical on file with the local school? Yes _____ No _____

If NO, a physical **MUST** be performed and turned into the Health Director **prior** to the start of camp or child will not be able to attend.

EMERGENCY CONTACT:

1. _____	name	phone
2. _____	name	phone

DOCTOR'S NAME: _____ PHONE: _____

Photo release: In the event that Poughkeepsie Journal or Southern Dutchess News runs a news article with photos taken of campers at camp...

I give permission to have my child's photo and name in the newspaper
 I do not give permission to have my child's photo and name in the newspaper

As parent/legal guardian of the participant(s) listed, I understand that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss that may occur. I understand that the Town of East Fishkill does not provide accidental medical coverage. I agree to waive and relinquish all claims against the Town of East Fishkill, the Recreation Department, any officers, agents, or employees of the Town of East Fishkill from any and all claims. I hereby give permission to administer emergency care to my child in my absence.

Signature: _____ Date: _____

Fee paid _____	Check no. _____
Form of ID presented _____	Cash _____