

Teen Camp Registration

Pines Community Center



Participant Name _____ D.O.B. _____ Gender _____

Name of Program _____ Shirt Size _____ Grade Entering _____

Participant's Town of Residence _____ Person responsible for payment _____

Participant resides with: Both Parents _____ Mother _____ Father _____ Other (please specify) _____

Mother Information Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail address _____

Father Information Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail address _____

Emergency Contact _____ Relation _____ Phone # _____

Please check all programs that apply

Teen Camp	Resident	Non-Resident
____ Trip Camp Session #1 July 19-23	\$170.00	\$180.00
____ *Adventure Camp Session #1 July 26-30	\$170.00	\$180.00
____ Trip Camp Session #2 August 2-6	\$170.00	\$180.00
____ *Adventure Camp Session #2 August 9-13	\$170.00	\$180.00

Total _____

Adventure Camp activities will involve swimming.

*Please enter your child's Red Cross Swim Level _____

Payment Plan **yes** **no** circle one

Last Day to Register: June 7, 2010

ALL summer fees must be paid in full by June 14, 2010 to participate. Any previous balances must be paid up in full to register for 2010 Summer Programs. A \$15 fee will be charged for all returned checks.

Medical Release Agreement

In the event of an emergency and none of the parents, guardians, or emergency contacts listed above are able to be reached, I/We hereby give permission to the employees of the Tilton-Northfield Recreation Council to call rescue personnel. I/We further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and order injections or surgery for the safety of the participant.

Participant & Parental Statement of Agreement

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. With regard to the program(s) listed above, I hereby, for myself, my heirs, executors and administrators waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of, or in connection with, participation in the activity.

All Pines classes/events may be photographed, and photographs of participants may be used for P.C.C. programs and promotions.

Refund Clause

By signing this form I fully understand that a \$100.00 non-refundable deposit is required in order to register each participant for this program. Full payment for the program is due by June 14, 2010, and no refunds will be given after June 19, 2010. I understand that no part of the camp fee is refunded in the event of early dismissal for misconduct.

By Signing below I confirm that I have read and understand all of the information in this document and I accept the Medical Release Agreement, the Participant & Parental Statement of Agreement, and the Refund Clause.

Signature _____ Date _____

Arrival and Departure Information

Teen/s must be checked in by parent at the beginning of each new session

Please circle your teen's method of arrival: Walk Bicycle Dropped off Arrival Time _____

Please circle your teen's method of departure: Walk Bicycle Picked Up Departure Time _____

Please list any special concerns or considerations that involve the arrival and departure of the participant. For example: can not be picked up by ..., must call before they leave, never allowed to walk; etc.

Please list all people who might be picking up the participant.

WE ID: We will I.D. anyone who we do not know or recognize.

Will teen attend summer school? _____

Medical Information

Participant Name _____ Date of Last Tetanus Shot _____

Primary Physician _____ Phone Number _____

Health Insurance Company Name _____ Policy Number _____

Allergies: Does the participant have any allergic reactions (e.g., to bees, drugs, food, etc.)?

Chronic Illnesses: Does the participant have any chronic illnesses (e.g., diabetes, epilepsy, asthma, fainting, heart trouble, etc.)?

Physical Conditions: Does the participant have any physical difficulties (e.g., eyes, ears, nose, throat, lungs, etc.) that may limit their participation?

Medications: Does the participant take any medications either here or at home (e.g., Tylenol, Ritalin, bee sting kit, etc.)? If yes, please list below. Under no circumstances are any children allowed to have any type of medication with them at any of our programs. **If medication needs to be administered during the day please fill out a medication policy form.**

Does the participant have any family issues or physical, medical, or emotional conditions not listed above that would prohibit, limit, or effect their participation in any camp activities, or effect their interaction with staff and other campers (e.g. custody issues, family member health, cerebral palsy, ADD or ADHD, depression, toileting problems, anger management, PTSD, etc...)?

Please Circle the appropriate answer: **NO** **YES** **If yes, please explain below.**

Medication Policy Consent Form

Any child, who is required to take prescription medication during their day at the Pines Community Center, shall be assisted by a designee of the Executive Director. The child will only take the medication in the presence of the designated person.

The Pines Community Center requires that the medication be brought in its original container with the prescription label intact including the physician's name, date, dosage and any possible side effects or complications. If a child is found administering his/her medication without the designated person, the medication will be confiscated and the parents will be contacted immediately.

Participant Name _____ **D.O.B.** _____

Medication _____ **Physician** _____

Dosage _____ **Time(s) of day** _____

Parent or Guardian Name Printed _____

Parent or Guardian Signature _____ **Date** _____

Medication Policy Consent Form

Any child, who is required to take prescription medication during their day at the Pines Community Center, shall be assisted by a designee of the Executive Director. The child will only take the medication in the presence of the designated person.

The Pines Community Center requires that the medication be brought in its original container with the prescription label intact including the physician's name, date, dosage and any possible side effects or complications. If a child is found administering his/her medication without the designated person, the medication will be confiscated and the parents will be contacted immediately.

Participant Name _____ **D.O.B.** _____

Medication _____ **Physician** _____

Dosage _____ **Time(s) of day** _____

Parent or Guardian Name Printed _____

Parent or Guardian Signature _____ **Date** _____