



Summer Camp Registration Form

Please, read and complete all portions of this registration form.

MEMBER/RESIDENTS: _____

NON-MEMBER: _____

CAMPER INFORMATION:

LAST NAME: _____ **FIRST NAME:** _____

DATE OF BIRTH: _____ **AGE** ____ **SEX:** Male ____ Female ____

PARENTS NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

EMERGENCY CONTACT NAME: _____

PHONE _____ **CELL PHONE** _____

ENROLLMENT: (please check all applicable)

Session 1 June 11th – June 17th _____

Session 2 June 18th – June 22nd _____

Session 3 June 25th – June 29th _____

HEALTH HISTORY:

Does your camper have any allergies? Yes _____ No _____

If yes, what are they allergic to? _____

Does this allergy require an epi-pen? _____

Does your camper take any medication? _____

Will the camper be taking this during camp hours? _____

Are there any activity restrictions while at camp? _____

Are there any special considerations that the camp should know about? _____

PARENT'S AUTHORIZATION:

I hereby give consent for my child to participate in the Plantation Bay Summer Camp program and all activities unless I advise you in writing. I give permission for Plantation Bay Camp to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to infectious diseases. I further release and agree to indemnify and hold harmless Plantation Bay Summer Camp (PBSC) and its officers, servants or assigns from any liability concerning our child's involvement with PBSC program and further agree that the use of all PB facilities is made at the risk of the registrant. In case of an emergency, every effort will be made to contact a parent/ guardian or emergency contact named on this form. I consent the emergency medical or hospital service that may be rendered by an accredited hospital or by an appointed physician or physicians in the event such need arises in the opinion of a duly licensed physician.

Parent/Guardian Signature

Date

Official Use:

Paid in Full _____

Member Account # _____

Check _____ Cash _____ Credit Card: Visa _____ MC _____

Amount _____

Date _____