TOWN OF WOODSTOCK SUMMER RECREATION PROGRAM
CAMPER REGISTRATION FORM -
TO BE COMPLETED BY PARENT OR GUARDIAN. IN INK. PLEASE PRINT.

Resident ($400.00): _____ Non-Resident ($600.00):_____ Cash: _____ Check:_____ #_____ 
Immunization records _____ OR Waiver _____ Birth Certificate (ONLY KINDER) _____
Signed Code of Conduct _____

PERSONAL INFORMATION

Camper’s Name: ________________________________ T-Shirt Size: ________________
Home phone:_______________ Home Address: ______________________________________
Date of Birth: _______________ Male: ___ Female: ___ Grade (Fall 23): ______________
School currently attending: __________________________________________________________________

PARENT/GUARDIAN INFORMATION

Parent’s name: ________________________________ E-mail:___________________________
Home Phone:_____________________ Cell Phone:_______________________________
Home Address: ______________________________ Work Phone: ___________________

Parent’s name: ________________________________ E-mail:___________________________
Home Phone:_____________________ Cell Phone:_______________________________
Home Address: ______________________________ Work Phone:_____________________

Child lives with: ________________________________
ADDITIONAL CONTACT INFORMATION

Local persons to call if parent/guardian contact is unavailable. These contacts must know they are listed below and be available anytime during camp hours.

1) NAME: ___________________________  Tele: ____________
   Cell: ______________

2) NAME: ___________________________  Tele: ____________
   Cell: ______________

CONFIDENTIAL MEDICAL HISTORY
(to be submitted with immunization form)

Current Health Status: (allergies, diseases, physical challenges, health problems)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Specific activities to be restricted: ________________________________

Is the camper on medication? ____________________  Yes___  No___
If yes, will camper need to take the medicine at camp?  Yes___  No___

Name of medication: __________________________  For what condition? __________________

Please complete the Special Care Plan for a Child with Asthma form if your child has an asthma diagnosis.

IMPORTANT! Please notify the Camp Director if your child has been exposed to any communicable diseases in the three weeks prior to attending the program.

Name of Family Physician: __________________________  Phone: __________________
THE FOLLOWING AUTHORIZATION MUST BE COMPLETED & SIGNED BY THE PARENT OR LEGAL GUARDIAN ONLY

This form, to my knowledge, is correct and the child herein described has my permission to engage in all program activities except those indicated by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for my child as named above.

I hereby covenant and agree to release and hold harmless the Town of Woodstock from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the Town of Woodstock Summer Recreation Program.

Signature: ___________________________ Date: ______________________

Witness: ___________________________

Any special instructions, such as custody or restraining orders must be attached. All information will be kept confidential.

RECEIPT OF CODE OF CONDUCT

I hereby acknowledge receipt of the CAMP POLICIES, RAIN DAY POLICY and CODE OF CONDUCT provided with the registration packet and affirm that I have read and understand these policies.

_________________________________________  ______________________________________
Signature of Parent/Guardian                                                                                        Date