

**Registration Fees**  
 \$30 for first child  
 \$25 each additional child  
 \$70 max per family  
 Scholarships available,

# Schoharie Community Day Camp 2018 Camper Registration Form

**Office Use Only**  
 Payment Method: \_\_\_\_\_  
 Amount: \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 First & Last Name:	Parent/Guardian 2 First & Last Name:	Family Church Affiliation:
Mailing Address:		How did you hear about camp?:
City:	State:	ZIP Code:
Home Phone: ( )		Cell Phone: ( )
		Daytime Phone: ( )
		E-Mail Address:

## EMERGENCY CONTACT & SIGN OUT INFORMATION

Emergency Contact's Name (if parent/guardian unavailable):	List of all people approved to sign out camper (including parents/guardians)
Emergency Contact's Daytime Phone Number: ( )	
<i>Please describe any custody issues we should be aware of, regarding sign-out.</i>	

## INSURANCE INFORMATION

This section must be completely filled in before the application can be processed. If something does not apply to this camper, please indicate this by writing N/A in the appropriate blank. It is recommended that each camper receive a medical examination within 12 months of the beginning of camp.

Insurance Provider:	Identification Number:	Group Number:
Primary Care Physician:	Physician's Phone Number: ( )	

## CAMPER INFORMATION

Name to Appear on Nametag:	Gender: <b>M</b> <b>F</b>	Age:	Birthdate: / / month day year	2017/2018 Grade:
School:	T-Shirt Size: YXS(2-4) YS(6-8) YM(10-12) YL(14-16) YXL(16-18) AS(36") AM(40") AL(44")			
*Name of Requested Buddy:				
*Buddy requests will be honored if possible. Because of how campers are grouped, they should be of the same age/grade but do not have to be of the same gender.				
<b>MEDICAL HISTORY:</b> This section must be completely filled in before the application can be processed. If something does not apply to this camper, please indicate this by writing N/A in the appropriate blank. It is recommended that each camper receive a medical examination within 12 months of the beginning of camp.				
Date of Last Tetanus Vaccination: / /		Current Medication(s):		
Circle conditions that apply to this camper:		Give a detailed explanation for each condition circled (e.g. allergy triggers, inhaler, dietary restrictions, etc.) and instructions for nurses if medication will be administered during camp:		
Environmental Allergies	ADD	Fainting		
Food Allergies	ADHD	Special Diet		
Medication Allergies	Learning Disabilities	Asthma		
Insect Allergies	Physical Limitations	Other		

## RELEASE INFORMATION & SIGNATURE

My signature below certifies and gives permission that: (1) All information given is correct; (2) Photos and videos of my child can be used in camp publicity; (3) My child's medical records can be released in case of illness/injury; (4) In the event that I cannot be reached, the Physician selected by the Camp Director has permission to hospitalize, select treatment for, order medications, anesthetize, and/or perform surgery on the child named above; 5) Authorized staff can assist my child with a change of clothes if necessary.

Online registration available at: [www.schohariereformedchurch.org/camp](http://www.schohariereformedchurch.org/camp)  
 Questions? Visit: [schohariereformedchurch.org](http://schohariereformedchurch.org) or Call: (518)295-8177 or E-Mail: [schoharievalleycommunitycamp@gmail.com](mailto:schoharievalleycommunitycamp@gmail.com)

Make checks payable to "Schoharie Reformed Church"

Mail completed registration form and payment to:  
 Schoharie Community Day Camp | P.O. Box 635 | Schoharie, NY 12157

Enclosed is an additional donation of \$ \_\_\_\_\_