

BRISTOL TOWNSHIP SUMMER CAMP APPLICATION

June 18-August 4, 2018

dates subject to change based on school calendar

Camp Tuition: \$630.00/Resident, \$735.00/Non-Resident			Proof of Residency Required		
Participant Last Name		First Name	Gender	Current Grade	Date of Birth
Address		City		State	Zip
Email Address			Phone		Alternate Phone
Parent/Guardian Name		Bristol Township Resident		Previous Bristol Township Camper	
		(Circle One) Yes No		(Circle One) Yes No	
Emergency Contact Name		Emergency Contact Phone		Emergency Contact Phone (2)	

Release of Liability

All Participants Are Required to Sign This Form

I, the parent or guardian of the above minor, submit that my child is able to participate in the above activity and waive Bristol Township, employees, school district, Director of Recreation, coordinators, instructors, bus company, and affiliates of any responsibility of injury, illness, damages, legal fees and all other liabilities connected with attendance of this program. I confirm that my child is up to date on all immunizations. I agree that my child is subject to the Camper Code of Conduct outlined in the Parent Packet.

Signed _____
Parent/Guardian Signature

Date _____

Medical Treatment - I hereby give permission for my child to be given (CPR) and first aid treatment by a qualified staff member, first responder or medical professional. In the event I cannot be contacted, I give permission for my child to be transported by ambulance to the nearest emergency center for treatment.

Signed _____
Parent/Guardian Signature

Date _____

T-Shirt Size (Circle One)

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult XXL

Each camper will receive one t-shirt. Extra shirts may be available for \$9.00 while supplies last.

Photos may be taken at any or all Bristol Township activities and used for promotions of future events. If you do not want your child's photo published, please notify the Director of Recreation in writing.

Bristol Township Summer Camp Health History

Child's Name		Age	Current Grade	Date of Birth	
Parent/Guardian Name		Home/Cell Phone		Work Phone	
Home Address		City		State	Zip
Emergency Contact/Authorized Pick-Up Person 1		Relationship		Phone	
Emergency Contact/Authorized Pick-Up Person 2		Relationship		Phone	
Emergency Contact/Authorized Pick-Up Person 3		Relationship		Phone	
Physician Name	Phone	Medical Insurance Carrier		Group/Policy Number	
Known Allergies:		Date of last Tetanus injection:			

Are there any medical conditions that Bristol Township Summer Camp staff should be aware of to best care for your child? Please include any mental or social health conditions, serious injuries and chronic or recurring illness. All medical information disclosed will be kept confidential and shared only with those directly caring for your child.

Please include any other information you would like to provide to help us create the best summer camp experience possible for your child.

Parent/Guardian Authorization:

This health history is correct and current to my knowledge. I hereby give permission for my child to be treated in an emergency if I am unable to be reached.

Signature: _____ Date: _____

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