

CAMP LONG-A-COMING

2019 Registration Form>>>REGISTRATION DEADLINE JUNE 19th

Camp runs Monday - Thursday July 1st - August 8th

Family last name: _____ Parent/Guardian Name: _____

Address: _____

Telephone #: _____ Email: _____

Child #1 name: _____ Currently Completing Grade: _____ Shirt Size: _____

Child #2 name: _____ Currently Completing Grade: _____ Shirt Size: _____

Child #3 name: _____ Currently Completing Grade: _____ Shirt Size: _____

Child #4 name: _____ Currently Completing Grade: _____ Shirt Size: _____

Emergency contact name: _____ Phone #: _____

Please circle your enrollment option below:

| | 1 child | 2 children | 3 children | 4 children |
|---|---------|------------|------------|------------|
| 4 WEEKS (July 2nd- July 26th) | \$160 | \$305 | \$375 | \$425 |
| 6 WEEKS (July 2nd- August 9th) | \$235 | \$380 | \$450 | \$500 |

(Please send checks and registration form to 59 South White Horse Pike, Berlin, NJ 08009 Attn: Erin Maloney)

All checks should be made out to Berlin Borough.

Please complete the Medical Questionnaire on the back. Thank you!

Questions? Email camplongacoming@berlinnj.org

CAMP LONG-A-COMING

Medical Questionnaire: Please answer all questions by circling Yes or No. If the answer is Yes, please list which child it is true for.

1. Has been medically advised not to participate in any sports..... Yes / No
2. Is under a physician's care and the reason for such care..... Yes / No
3. Has experienced loss of consciousness after an injury..... Yes / No
4. Has experienced a fracture or dislocation..... Yes / No
5. Has undergone any surgery.....Yes / No
6. Takes any medication regularly, name of medication/reason..... Yes / No
7. Has allergies including hives, asthma or a reaction to bee stings..... Yes / No
8. Has experienced frequent chest pains or palpitations..... Yes / No
9. Has a history of fainting with exercise..... Yes / No
10. Has a history of a family member having sudden death..... Yes / No
11. Has any hearing loss..... Yes / No
12. Has impaired vision A. must wear glasses or contacts Yes / No
 B. completely or seriously impaired..... Yes / No
13. Has a history of the following: Hypertension: Yes / No Mononucleosis: Yes / No
 Anemia: Yes / No Tuberculosis: Yes / No Diabetes: Yes / No

If any above answers are "Yes", please describe below. (Please use a separate sheet if necessary)

Family Doctor Name: _____ Phone #: _____

In the case of an EXTREME EMERGENCY, if possible, take my child to _____ hospital.

Signature of Parent or Guardian

Date

Questions? Email camplongacoming@berlinnj.org