## Camp Long-A-Coming 2015

## **Registration Form**

Camp runs Monday – Thursday July 6th- July 30th!!

Child's name:	A <sub>.</sub>	ge
Address:		
Currently Completing Grade (14-15 school year)	Child's Shirt Size	
Parent/Guardian Name:		
Telephone #: (Home)	(Cell)	
Email:		
Emergency contact name:	Phone #:	
(Please send checks and registration form to 59 Sou All checks should be	uth White Horse Pike, Berlin, NJ 08009 Attn: Er e made out to Berlin Borough.	in Maloney)
Medical Questionnaire: Please answer all of	8	
1. Has been medically advised not to participate in		Yes / No
2. Is under a physician's care and the reason for such	· -	Yes / No
3. Has experienced loss of consciousness after an in		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		
7. Has allergies including hives, asthma or a reaction to bee stings		Yes / No Yes / No
8. Has experienced frequent chest pains or palpitations		
9. Has a history of fainting with exercise		
10. Has a history of a family member having sudden death		
11. Has any hearing loss		
12. Has impaired vision A. must wear glasses or contacts		
B. completely or seriously impaired		
13. Has a history of the following:	Anemia	
	Mononucleosis	· .
	Hypertension	
	Tuberculosis	
	Diabetes	· .
If any above answers are "Yes", please describ		,
•	` <del>-</del>	• ,
Family Doctor Name:	Phone #:	
In the case of an EXTREME EMERGENCY, if possible,	take my child to	hospital.
Signature of Parent or Guardian	Date	