Camp Long-A-Coming
2016 Registration Form
Camp runs Monday – Thursday July 5th- July 28th!!

Child's name: _____ Age _____

Address: _____

Currently Completing Grade (15-16 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 South White Horse Pike, Berlin, NJ 08009 Attn: Erin Maloney)
All checks should be made out to Berlin Borough.

Medical Questionnaire: Please **answer all questions by circling Yes or No.**

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