

CAMP LONG-A-COMING

2017 Registration Form

Camp runs Monday – Thursday July 3rd- August 10th

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 3 rd - July 27 th)	\$160	\$305	\$375	\$425
6 WEEKS (July 3 rd - August 10 th)	\$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!

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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