

CAMP LONG-A-COMING

Camp runs Mondays – Thursdays ★ July 5th - Thurs. August 10th

2023 Registration Form>>>REGISTRATION DEADLINE JUNE 20th

REGISTRATION MAX is 200 campers, so don't delay!

Family last name: _____ Parent/Guardian Name: _____

Address: _____

Telephone #: _____ Email: _____

Child #1 name: _____ Completing Grade: ____ Child #2 name: _____ Completing Grade: ____

Child #3 name: _____ Completing Grade: ____ Child #4 name: _____ Completing Grade: ____

Emergency contact name: _____ Phone #: _____

Please circle your enrollment option below. Please note: Campers will only be able to attend weeks listed—weeks/days cannot be substituted.

	1 child	2 children	3 children	4 children
4 WEEKS (7/5-7/28)	\$250	\$425	\$510	\$600
6 WEEKS (7/5-8/10)	\$325	\$510	\$600	\$700

(Please send check or money order and registration form to:

59 South White Horse Pike Berlin, NJ 08009 Attn: Erin Woods)

All checks should be made out to Berlin Borough.

RETURNED CHECK FEE of \$25—must be paid in cash.

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

Questions? Email camplongacoming@berlinnj.org

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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

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