

Indian River Lakes Conservancy Day Camp Registration Form 2019

Camper Name: \_\_\_\_\_ Group:  Knee-high - 3-5 yrs.  Junior - 6-8 yrs.  Adventure - 9-12 yrs.

Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 7/16/19) \_\_\_\_\_  
Street Address \_\_\_\_\_ T-shirt size:  XS  S  M  L |  XS  S  M  L  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Gender: Male  Female

Parent/Guardian - Contact Information

Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_  Ms.  Mrs.  Mr.  Other \_\_\_\_\_  
Street Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Check preference:  Home Phone ( \_\_\_\_\_ )  Cell Phone ( \_\_\_\_\_ )  
 Work Phone ( \_\_\_\_\_ )  Email \_\_\_\_\_

Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_  Ms.  Mrs.  Mr.  Other \_\_\_\_\_  
Street Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Check preference:  Home Phone ( \_\_\_\_\_ )  Cell Phone ( \_\_\_\_\_ )  
 Work Phone ( \_\_\_\_\_ )  Email \_\_\_\_\_

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First \_\_\_\_\_ Last \_\_\_\_\_  
Contact Phone ( \_\_\_\_\_ ) Relation to child \_\_\_\_\_

Emergency Contact #2

First \_\_\_\_\_ Last \_\_\_\_\_  
Contact Phone ( \_\_\_\_\_ ) Relation to child \_\_\_\_\_

Please list individuals who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

Medical Release Information

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

| Medical Problem | Required Treatment | Should paramedic be called?                              |
|-----------------|--------------------|--|
| _____           | _____              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____           | _____              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____           | _____              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes  No If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes  No If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes  No If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Indian River Lakes Conservancy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**Please indicate how you heard about the Indian River Lakes Conservancy Day Camp.**

After School Program  Website  School \_\_\_\_\_  Word of Mouth  Flyer  Other \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the Indian River Lakes Conservancy Day Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Indian River Lakes Conservancy and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

The Indian River Lakes Conservancy and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**Registration is due by June 14, 2019**

**Please mail forms to:  
Indian River Lakes Conservancy  
PO Box 27  
Redwood, NY 13679**

**Signed and scanned in forms may also be emailed to  
[info@indianriverlakes.org](mailto:info@indianriverlakes.org)**