



HCC Summer School Age Registration Form

Circle one: FT PT Days attending: M T W TH F (set days are required unless prior approval is granted)

Child's Name _____ Child's T-Shirt size: ys ym yl as am al axl

Age: _____ Birthdate: _____ (must be 5 before starting camp)

School attending _____ Grade (fall of 2021) _____

Mother's/Guardian's name _____ Email: _____

Address: _____ City _____ Zip _____

Contact numbers: Cell/home _____ Work: _____

Place of employment _____ Working hours: _____

Father's name _____ Email: _____

Address: _____ City _____ Zip _____

Contact numbers: Cell/home _____ Work: _____

Place of employment _____ Working hours: _____

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The person listed above **will be contacted first** in the event of an emergency, sickness, behavior or other reason while your child is at camp. Please list any other name and number that could be contacted in the event that the person or persons above could not be reached.

Name: _____ Relationship _____ Phone number _____

Second person's name (if unable to reach first) and number to be called)

Name: _____ Relationship _____ Phone number _____

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(Office personnel only)

Amount paid _____ on _____ (date) Registration Fee Camp payment for: _____

Receipt # _____ Initials: _____

Circle one: Self-pay State Assistance w/ co-pay (per-approval required) 4/21

AUTHORIZATION FOR TREATMENT

Primary Doctor: _____

I hereby give permission to the emergency medical personnel selected by the camp director to order X-rays, routine tests, treatment and to provide or arrange necessary related transportation for my child. In an emergency, I hereby give permission and authorize the physician to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for my child.

I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

Does your child have any known allergies **NO** **YES***

List allergies: _____

Does your child have an epi pen? **NO** **YES***

*** must attach allergy/medicine form**

PERMISSION/WAIVER FORM

_____ has permission to go on all field trips including playground visits, with the HCC Summer Camp Program. I realize that the campers will be transported to and from HCC by bus. I am also aware that the times of the field are estimations. Exact times will be determined by the activity, number of children, and traffic. I also give permission for my child to play at the playground of Machesney School which is located next door to HCC in the back. I am aware that campers are occasionally taken on a walk with a camp leader in the neighborhood.

Know all men by these presents, that the undersigned, being the legal guardian of the above named individual, hereby releases the Harlem Community Center harmless from any and all claims of liability on the part of either the undersigned or the above named minor, or both, for any injuries and/or claims arising from the above named minor's participation in any activity sponsored by the Harlem Community Center. Further, the undersigned agrees not to commence suit or engage in any litigation directly or indirectly against the Harlem Community Center for any injuries arising from the above named minor's participation in any activity sponsored by the Harlem Community Center.

Photos: HCC will take photographs and/or videos of children and participants in our camp and other programs to be used for promotional and advertising reasons and may be posted on the website, Facebook or other social media. I give HCC permission to photograph/video my child during their participation in any of the HCC activities.

Authorization and waiver signature (signing for all 3)

I have reviewed and understand the information on the registration form, information sheet, and behavior policy form.

Parent/guardian _____ **Date** _____

SUMMER CAMP

Pick Up for _____ **(child's name)**

Please list any person or persons who may be picking up your child **in addition to** the parent/guardian listed on the registration form.

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

Other _____ **Relationship** _____

Is there any specific person who cannot pick up the child? _____

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Medication/Allergy Form (complete only if the child has known allergies or medication will be dispensed at camp)

This form must be completed if a staff person will be dispensing medication to your child or your child will have an epi pen or inhaler that will be at camp.

For prescription medications and inhaler, a doctor's note must accompany this form

_____ **YES my child has known allergies**

List allergies here: _____

Does your child use an EPI PEN: ____ yes ____ no **Does your child have an inhaler:** ____ yes ____ no

Any special health or other conditions that staff should be aware of:

Participant's Name: _____ **Age:** _____

Parent's/Guardian's Name: _____

Daytime Phone: _____ **Other Phone:** _____

Doctor's Name: _____ **Phone:** _____

Medication Information:

1. Medication name: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible side effects: _____

2. Medication name: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Possible side effects: _____

Other Information: _____

I understand that it is my responsibility to give the medication directly to the camp leader with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another Medication Dispensing Information form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Harlem Community Center if any changes in the dispensing of medication change.

Signature of parent or guardian

Date