

MEDICAL FORM

2018 SB2W Registration Form July 9 - July 20

For Office Use Only

App. Rec _____ Time: _____
Deposit Rec. _____ Ck# _____
Bal. Paid _____ Ck# _____

I wish to register for:

- Junior Camp - \$50.00 (\$25.00 deposit required)
 Day Camp - \$150.00 (\$75.00 deposit required)

Make Check Payable to: **Summer's Best Two Weeks**

Mail Completed Registration, YMCA Waiver & Deposit To: 640 Church St - Indiana, PA

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Church You Call Home: _____

Date of Birth: _____ Age: _____ Sex: M F

Grade In School **(Fall 2018):** _____ campers must be 5 years of age by Sept 1

Have you or another family member attended Day Camp before? Yes / No

If yes, were you or your family member a **Roman** _____ **Galatian** _____

Camp T-shirt Size (included with tuition)

(shirts **cannot** be exchanged for a different size once order is placed)

Youth Sizes - S(6/8) _____ M(10/12) _____ L(14/16) _____

Adult Sizes - S _____ M _____ L _____ XL _____

Parents' Names: _____

Are both parents living? Yes / No

Is camper living with both parents? Yes / No

If not, with whom does camper live? _____

Mother's Occupation: _____

Father's Occupation: _____

Camper's Name: _____

Parents Names and Phone Numbers:

Mother's Name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Mobile Carrier: _____

Father's Name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Mobile Carrier: _____

Emergency Contacts: *To be used when persons above cannot be reached*

Name: _____ Relationship to Camper: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Mobile Carrier: _____

Name: _____ Relationship to Camper: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Mobile Carrier: _____

List any medication which camper is currently taking.

Please include the dosage and how often the medication is to be administered: _____

List Allergies: _____

List any concerns regarding physical condition or restrictions:

Is the camper covered by medical insurance? Yes No

Name of Insurance Company: _____

Name of Policy Holder: _____

ID/Policy #: _____

The camp nurse may give my child Tylenol Benedryl

By signing below, I grant permission for my child to participate in normal camp activities as described in this brochure. I also have read the Waiver/Release, Enrollment Policy and Procedure included in the brochure and fully understand their contents and sign below of my/our own freewill.

Parental Signature: _____