

# Riverside Day Camp Registration and Health Form

Please print clearly. This form may be copied. Please use a separate form for each camper.  
Please take a moment to review and sign the Conduct Covenant on the back of this sheet.

Location of Day Camp \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Sex: M / F  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ 1st time day camper? Y / N  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Parent Cell Phone: \_\_\_\_\_  
Emergency contact and phone #: \_\_\_\_\_  
Siblings attending Day Camp: \_\_\_\_\_  
Church (if different from host Church): \_\_\_\_\_ City: \_\_\_\_\_

## General Health Information

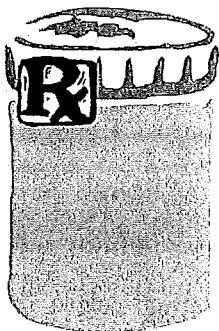
Chronic or recurring illness or medical condition that may affect Day Camp life: \_\_\_\_\_  
Dietary restrictions (i.e. vegetarian, lactose intolerant, food allergies): \_\_\_\_\_  
Other suggestions that may help make your day camper's week more comfortable and enjoyable: \_\_\_\_\_  
Medications (please list kinds and dosage): \_\_\_\_\_

## Insurance Information

Insurance company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Holder's name: \_\_\_\_\_  
Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Immunizations (circle Yes or No)

DPT (series of 3) Yes or No  
Polio immunization Yes or No  
MMR (Measles/Mumps/Rubella) Yes or No  
Date of last tetanus \_\_\_\_\_



## Permission

\*\*I give my permission for my child to participate in all aspects of the Day Camp except as noted. \*\*I understand that every effort will be made to contact me if my child needs emergency medical treatment. \*\*I authorize medical personnel or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. \*\*I give permission for any picture taken of my child to be used for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_