



# Calais Recreation Summer Camp (CRSC) Registration Form

Camper's Name \_\_\_\_\_ Male or Female \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Grade \_\_\_\_\_

### \*Parent/Guardian Information/Emergency Contacts

|   |                |
|---|----------------|
| Parent/Guardian Name: _____                           | Address: _____ |
| Phone Numbers: Cell # _____ Home # _____ Work # _____ | ext _____      |
| Parent/Guardian Name: _____                           | Address: _____ |
| Phone Numbers: Cell # _____ Home # _____ Work # _____ | ext _____      |

### \*Authorized Pick-Up People & Secondary Emergency Contacts

|             |                      |
|-------------|----------------------|
| Name: _____ | Phone Numbers: _____ |
| Name: _____ | Phone Numbers: _____ |
| Name: _____ | Phone Numbers: _____ |
| Name: _____ | Phone Numbers: _____ |

### \*Health Information

Are this child's immunizations up to date?  Yes  No  
 Name of child's physician \_\_\_\_\_ phone # \_\_\_\_\_  
 Name of child's dentist \_\_\_\_\_ phone # \_\_\_\_\_

### Allergies

My child has serious allergies to \_\_\_\_\_ food \_\_\_\_\_ insects \_\_\_\_\_ other (please list) that may require medication. \*If medication for allergies may be necessary during camp hours the **Request for Administration of Medication** Form must be completed.

\*My child can use summer camp provided bug spray if needed YES NO  
 \*Camp staff may use photos of my child taken during summer camp in newsletters, in the local newspaper, or on the Calais Recreation Website Yes NO

### \*CONSENT for CRSC PROGRAM PARTICIPATION and WAIVER of LIABILITY

I give my permission for my child \_\_\_\_\_ to participate in the Calais Recreation Summer Camp (CRSC) program for which he/she is registered. I give permission for my child to participate in activities, lessons, around-town walking trips, day long field trips, and other scheduled events. I understand that if I DO NOT want my child to participate in a given days activities I will keep my child home from camp that day without a refund or discount of monies paid. I give permission for my child to receive emergency medical treatment if necessary. It is understood that every effort will be made to contact a person on the emergency contact list before or immediately after taking this action in case of a severe medical emergency. I understand that participation is at my and my child's own risk and that Calais Recreation Center will not be liable for injuries sustained or be responsible for any medical expenses incurred as a result of my child's participation. I have received, read, understand, and accept the Calais Recreation Summer Camp policies as stated in the Parent Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \*(if only one parent/guardian signature, consent is implied from the other parent/guardian)

\*If you have a balance due from the 2022 camp program, those fees are due before your child can attend 2023 summer camp  
 Call Madyson Parks 904-9942 to check your balance and make payment arrangements