

# Camp RSJ

## Summer Day Camp Registration

Please fill out this form in full. The information you provide here will be processed prior to your arrival at our facility. Please submit one form per child.

Child's Name:  Gender:  Male  Female

Age:  Birth Date:  Grade Next Fall:

Child's Name:  Gender:  Male  Female

Age:  Birth Date:  Grade Next Fall:

Parent's Names:

Address:  City:

State:  Zip Code:

Home Phone:  Cell Phone:

Work Phone:  E-mail:

How did you hear about camp?

People allowed to pick-up your child:

Name  Phone

Name  Phone

Name  Phone

### Scheduling Dates (2008)

Scheduled Weeks	Requested Days
June 16 - 20	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
June 23 - 27	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
June 30 - July 4*	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
July 7 - 11	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
July 14 - 18	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
July 21 - 25	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
July 28 - Aug 1	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
Aug 4 - 8	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
Aug 11 - 15	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>
Aug 18 - 20	All Day- <input type="checkbox"/> Half Day- <input type="checkbox"/> Full Week- <input type="checkbox"/> Mon- <input type="checkbox"/> Tue- <input type="checkbox"/> Wed- <input type="checkbox"/> Thurs- <input type="checkbox"/> Fri- <input type="checkbox"/>

\*Closed July 4<sup>th</sup>

Is your child in good health, and can he/she participate without any accommodations?

Yes       No

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Emergency Contact Name #1:

Phone #:

Emergency Contact Name #2:

Phone #:

Emergency Contact Name #3:

Phone #:

Physician's Name:

Phone #:

Address:

City:

State:

Zip Code:

**Health History**

Please provide as much information in this section as possible. Please indicate approximate date of occurrence to the all that apply.

Ear Infections

Measles

Penicillin

Poison Ivy

Asthma

Rheumatic Fever

German Measles

Chicken Pox

Insect Stings

Hay Fever

Convulsions

Mumps

Allergies

Operations or Serious Illness

Chronic or Recurring Illness

Signing below indicates that your children are current with all basic immunizations and most recent booster shots. A copy of Medical Card is required on the first day of camp.

The health information indicated here is correct to the best of my knowledge. The child has permission to engage in all prescribed activities except if noted otherwise. In the event of an emergency, if a parent or guardian cannot be reached, permission is being granted to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for this child. Further authorization is given to the Camp Director or his designee to provide over the counter medication to this child as necessary. The parent or guardian also agrees that in case of an injury to his or her child that is due to natural causes or by accident which involved no neglect by any camp staff that **Camp RSJ** or the staff will not be held liable. **Camp RSJ** reserves the right to change a trip location without prior notice. Camp RSJ has permission to transport my child to and from camp activities as necessary.

Signature of Parent

Date