

# Old Orchard Beach Recreation Department Summer Camp Registration Form 2017

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Parents/Legal Guardians:**

#1 \_\_\_\_\_  

Name	Cell Phone	Home Phone	Work Phone	Relationship
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#2 \_\_\_\_\_  

Name	Cell Phone	Home Phone	Work Phone	Relationship
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#3 \_\_\_\_\_  

Emergency Contact	Cell Phone	Home Phone	Work Phone	Relationship
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Primary Contact Email Address (For announcements and information): \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Child's Dr's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF YOU ANSWER YES** to any of the questions in this box, it is necessary for you to complete one of our **CHILD CONCERN FORMS** and return it to us before your child attends summer camp. This form is available at the Recreation Office and on-line at [www.oobrec.com](http://www.oobrec.com).

1: Does this child have any physical, emotional, and/or health limitations or allergies of which we should be aware? **YES NO**

2. Is this child currently taking any medications? **YES NO**

Will this child continue taking medications throughout the summer? **YES NO**

3. Does this child have a ONE-ON-ONE aide during the school year? **YES NO** If yes, please tell us why.

Choose Camp	All 8 Weeks	June 26- June 30	June 3- July 7	July 10- July 14	July 17- July 21	July 24- July 28	July 31- Aug 4	Aug 7- Aug 11	Aug 14- Aug 18	Extended Camp
Little Gulls (Grades K-2)										
Big Gulls (Grades 3-5)										
Gull Challenge (Grades 6-8)										

**Child Pick-Up Authorization List**

If there are people other than the above listed parents/guardians who have permission to pick up your child, please list them here:

#1 \_\_\_\_\_  

Name	Phone Number
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#2 \_\_\_\_\_  

Name	Phone Number
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#3 \_\_\_\_\_  

Name	Phone Number
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#4 \_\_\_\_\_  

Name	Phone Number
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**WALKERS**

The above named child have my permission to leave on their own at the schedule release time. \_\_\_\_\_ (Please Initial)

**GULL CHALLENGE ONLY**

The above named child have my permission to watch PG13 movies deemed appropriate by the Camp Director. \_\_\_\_\_ (Please Initial)

I have reviewed the information in the Parent Handbook. In addition, I understand that photos taken at camp might be used in future promotional materials such as recreation department brochures or flyers. The undersigned hereby expressly releases and hold harmless the Old Orchard Beach Recreation Department, its agents and employees, from and against any and all claims, suits, actions and damages resulting from mine or my child's participation in Old Orchard Beach Recreation programs or events. Furthermore, I understand that there are inherent risks and dangers in participating in these programs and I accept the responsibility to provide insurance for my child or myself, including ambulance transportation if necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date