

Bristol Township Summer Camp  
**Camp Application**  
**June 21 – August 6, 2010**

<b>Camp Tuition: \$500.00 Resident / Non – Residents \$600.00</b>					<b>Proof of Residency at Time of Registration</b>						
Participants Last Name			First Name		<input type="checkbox"/> F <input type="checkbox"/> M		Age		Birth date		
Address			City		State			Zip			
Email Address			Phone		Alternate Phone						
Parent/Guardian Name			Resident Of Bristol Township (Circle One)    Yes    No					Grade as of 6/10			
Physician Name			Physician's Phone Number		Health Problem's, Allergies, ect. (Circle One)    Yes    No						
Method Of Payment/Amount Paid					If yes please complete back of form						
Cash _____ Credit Card _____											

**Release Of Liability**

**All Participants Are Required To Sign This Form**

I, the parent or guardian of the above minor, submit that my child is able to participate in the above activity and waive Bristol Township, The School District, Camp Coordinator, instructors and affiliates of any responsibility of injury or illness and all liability connected with his/her attendance.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature

Medical Treatment - I hereby give permission for my child to be given (CPR) and first aid treatment by a qualified staff member. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance to the nearest emergency center for treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

T-shirt Size (Circle One)  
 Youth S   Youth M   Youth L   Adult S   Adult M   Adult L   Adult XL

**Questions:**

Questions regarding this camp program should be addressed to Sherri Champey @ 267-812-2933  
 Email - [SChampey@BristolTownship.org](mailto:SChampey@BristolTownship.org)

# Bristol Township Summer Camp

## Health History

Child's Name		Age	Grade	Birth date	
Parent/Guardian		Home Phone		Work Phone	
Home address		City	State	Zip	
Emergency Contact		Relationship		Phone	
Emergency Contact		Relationship		Phone	
Physician	Phone	Dentist		Phone	
Medical Insurance Carrier		Group/Policy Number			

### Health History: (Check – giving approximate dates)

#### General Health

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions/Seizures
- Diabetes
- Bleeding/Clotting Disorder
- Mental/Social Handicap
- Glasses/Contacts
- Hearing Problems
- Special Diet Needs: \_\_\_\_\_

#### Allergies

- Hay Fever
- Ivy Poisonings, etc.
- Insect Stings
- Penicillin
- Other Drugs
- Foods: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Diseases

- Asthma
- Measles
- German Measles
- Mumps
- Hepatitis/Jaundice
- Other: \_\_\_\_\_

Operations or serious injuries (dates/describe) \_\_\_\_\_

Chronic or recurring illness \_\_\_\_\_

Other diseases or details from above \_\_\_\_\_

Current medications \_\_\_\_\_ Will it be sent to camp? \_\_\_\_\_

#### ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE:

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION INFORMATION:** Date of last Tetanus injection: \_\_\_\_\_

#### Parent/Guardian's Authorization:

This health history is correct so far as I know. I hereby give permission for my child to be treated in an emergency if I am unable to be reached. This form may be photocopied for use out of camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_