

# CAERNARVON TOWNSHIP

# 2017 SUMMER CAMP PROGRAM

Email: [info@caernarvon.org](mailto:info@caernarvon.org)

3307 Main Street, Morgantown PA 610-286-1010  
June 19 – August 11, 2017 NO CAMP JULY 4

Rates: \$280 per child (residents and non-residents)  
**CAMP FEES ARE NON-REFUNDABLE**

## REGISTRATION & MEDICAL/EMERGENCY FORM

(Please print or type information – a separate form is required for each child)

Child's Name: \_\_\_\_\_  
Last First MI

Age\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birth Certificate \_\_\_\_\_

\* Age requirement – 5 yrs. old (as of Nov 1, 2016, 12 Years when camp begins 6/19/17)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City / Zip: \_\_\_\_\_ Email Address \_\_\_\_\_

NAME

WORK PHONE

CELL PHONE

Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

### PLEASE CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ My child may walk home from park by himself/herself.

\_\_\_\_\_ Only authorized person(s) listed below may sign in/out or pick-up my child.

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT (If parents cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY:** IMPORTANT – List any emotional or behavioral problems pertaining to your child. (Use separate sheet if required.)

Does your child have any allergies (bee stings, peanuts, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please indicate allergy(ies) & reaction(s):

\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

**PARENT AUTHORIZATION** for Camp Counselor to administer emergency treatment (i.e. CPR/First Aid) or call ambulance.

PARENT or GUARDIAN: \_\_\_\_\_

## AGREEMENT OF WAIVER LIABILITY

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to attend and participate in the Summer Camp Program sponsored by Caernarvon Township (Berks County) Parks and Recreation Board. I understand summer camp activities, including field trips, involve risks and I hereby agree to waive and release the Township of Caernarvon, the Parks and Recreation Board, their agents, representatives, insurers, employees and/or counselors from any and all claims, all manners of action, suits, causes of action, and any and all liabilities that are related to or arise out of any accident, injury, and/or illness my child may sustain while participating in the above mentioned program sponsored by the Township of Caernarvon. I am agreeing to sign this agreement on behalf of myself and my child.

SIGNATURE OF MOTHER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF FATHER \_\_\_\_\_ DATE \_\_\_\_\_

### 2017 SUMMER CAMP T-SHIRTS (only if a sponsor is found)

Each registered child will receive ONE free T-shirt with camp enrollment **if they do not have shirt from previous year**. Please indicate what size t-shirt your child wears.

Child Small _____	Adult Small _____	Other _____
Child Medium _____	Adult Medium _____	
Child Large _____	Adult Large _____	

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*For office use only*

_____ Amount Paid	_____ Office Initials
_____ Cash	_____ Check Number