

PINEVIEW DAY CAMP ENROLLMENT FORM

How did you hear about Pineview Day Camp? _____ Grade Completed: _____

Camper's Name _____ DOB _____ Gender: Male / Female

Camper's Address: _____

Mother's Name & Phone #: _____ Father's Name & Phone #: _____

Name of other person to be called in case of emergency in the event that the parent cannot be reached:

Name: _____ Phone #: _____

Does camper have any physical, emotional, or other handicaps or difficulties of which you are aware? (Asthma, seizures, etc) _____

Is camper taking any medications?: _____

Does your child have allergies?: (food, drug, insect, etc.) Yes / No Specify: _____

Pediatrician: _____ Hospital Preference: _____

Emergency Authorization:

I authorize Pineview Day Camp, operated by the Pineview Community Church, to seek medical treatment for (name of camper) _____ in the event of an emergency where neither parent can be reached.

Parent Signature: _____

Photo Clearance: Pineview Day Camp has permission does not have permission to take photographs of my child for internal and / or promotional use. _____ **(Parent Initials)**

Field Trips: I give my child permission to participate in all field trips and be transported by Brown Transportation and to participate in all program activities during the summer day camp. _____ **(Parent Initials)**

Health/Aggression Policies: I have read and am in agreement with and will abide by Pineview Summer Camp's health and aggression policies. _____ **(Parent Initials)**

By signing this form, I certify that the above information is correct and I accept financial responsibility for this account and agree to abide by the payment plan provided to me.

Parent/Guardian: _____ Parent/Guardian: _____

Date: _____ Date: _____

Health Statement

The Albany County Dept. of Health requires Pineview Day Camp to have the following on file for each registered camper:

Immunization record, which shall include immunization dates against diphtheria, haemophilus influenza type B, hepatitis B, measles, mumps, rubella, poliomyelitis, tetanus, and varicella (chicken pox)

AND EITHER:

A Medical Statement validating a well child visit dated after July 2016 OR

The statement below signed by your child's doctor.

Authorized representatives for the Albany County Dept. of Health have the right to review children's medical records upon request.

TO BE COMPLETED BY MEDICAL PROVIDER:

I have completed a physical exam on (child's name) _____,
and hereby state that this child is approved for participation in Pineview Day Camp program as follows:

without restrictions with special considerations or restrictions as described below*

Signature of Physician

Date of Exam

*Restrictions: _____

Pineview Day Camp FAX #: 518-456-6492