

Camp Playground Registration Application

Read complete instructions on reverse side before completing this form.

Mail in option is Only available for those children returning from last year

*****Extended Hours only Available at Martz Field*****

Camp Attending: (Circle one): Castle Point, Martz Field*, Quiet Acres, Spook Hill

Times Attending: (Check one): _____ Regular Hours (9am – 3pm) Cost: \$220.00

(Cost is for 7 week program) _____ *Extended Hours (8am – 4pm) Cost: \$275.00

(*Only Available at Martz Field*)

Child's Name: _____ D.O.B.: _____ Age: _____

Last, First Middle Initial

Address: _____ Home #: _____

No. Street Town State zip code

School Attending: _____ Grade: _____

Please give all information asked for

Mother's Name: _____ Father's Name: _____

Mother's Home #: _____ Father's Home #: _____

Mother's work #: _____ Father's work #: _____

Mother's Cell #: _____ Father's Cell

#: _____

In the event of an emergency and neither parent can be reached please list 2 local emergency contacts:

Name: _____ Phone

#: _____ Cell# _____

Relationship: _____ Address: _____

Name: _____ Phone

#: _____ Cell# _____

Relationship: _____ Address: _____

Medical Information: Please check and list specifics.

_____ Allergies _____ Heart

_____ Disease/Defect _____

_____ Asthma _____

_____ Diabetes _____

_____ Convulsions _____

_____ Hypertension _____

_____ Bleeding/Clotting Disorders _____ Drug

_____ Allergies _____

_____ Behavioral Problems _____

_____ Other _____

Operations or Serious

Injuries: _____

Disability or Chronic

Illness: _____

Name of Family

Physician: _____ Phone: _____

I certify that the above information is up to date and accurate. I will notify the camp director of any changes with the above information.

*******Please read and sign waver on the reverse side of this form*******

Parent/Guardian Signature Date

Parent/Guardian Printed Name

Office Use Only 3/11jsi
