



Camp Registration for 2011-12

Please fill out this form in full. The information you provide here will be processed prior to your arrival at our facility. Please submit one form per child.

Child's Name: _____

Gender: Male Female

Birth Date: _____ Grade Next Fall: _____

Parent's Names: _____

Address: _____

City/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

E-mail Address: _____

How did you hear about camp? _____

People allowed to pick-up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Questionnaire

Is your child in good health, and can he/she participate without any accommodations? Yes No

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Emergency Contact Name #1: _____ Phone #: _____

Emergency Contact Name #2: _____ Phone #: _____

Emergency Contact Name #3: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Address: _____

City/Zip Code: _____

Health History

Please provide as much information in this section as possible. Please indicate approximate date of occurrence to the all that apply.

Allergies

Operations or Serious Illness

Chronic or Recurring Illness

Scheduling Dates (2011-12)

Requested Week(s)	
<input type="radio"/> Nov. 21-23	<input type="radio"/> July 9-13
<input type="radio"/> Dec. 19-30	<input type="radio"/> July 16-20
<input type="radio"/> Apr. 2-6	<input type="radio"/> July 23-27
<input type="radio"/> June 8, 11-15	<input type="radio"/> July 30-Aug 3
<input type="radio"/> June 18-22	<input type="radio"/> Aug 6-10
<input type="radio"/> June 25-29	<input type="radio"/> Aug 13-17
<input type="radio"/> July 2-3, 5-6	<input type="radio"/> Aug 20-21

Upon submission of this form, the parent or guardian is granting permission for the child to be transported by The Bounce Spot via personal vehicles, or by its contracted providers to and from camp, day trips or extra-curricular activities. The health information indicated here is correct to the best of my knowledge. The child has permission to engage in all prescribed activities except if noted otherwise. In the event of an emergency, if a parent or guardian cannot be reached, permission is being granted to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for this child. Further authorization is given to the Camp Director or his designee to provide over the counter medication to this child as necessary. The parent or guardian also agrees that in case of an injury to his or her child that is due to natural causes or by accident which involved no neglect by any camp staff that The Bounce Spot or the staff will not be held liable. The Bounce Spot reserves the right to change a trip location without prior notice. The Bounce Spot has permission to transport my child to and from camp activities as necessary.

Signature of Parent(s): _____ Date: _____