

Camper Name: _____

Camp Ed Registration Form

Age: _____



Camper's Information:

First _____ Middle _____ Last _____

Gender: Male ___ Female ___ Birth date ____/____/____ Age (as of 6/30/18) _____

School Name _____ Grade _____

Child's Home Phone _____

Street Address _____

City _____ State _____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell phone _____

E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell phone _____

E-mail _____

Occupation _____ Employer _____

Child lives with: _____

Person responsible for payment: _____

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Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____

2: _____

3: _____

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Medical Release Information

Insurance Information

Policy Number _____ Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that The Ed Asner Family Center or Camp Ed will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

I understand that I agree to allow my child to attend an end of the day processing group with a Licensed Marriage Family Therapist on Tuesdays and Thursdays. This group will be conducted by Chrisa Sadd, LMFT.

Parent's/Guardian's Initials _____

I understand that I agree to be a part of a processing group with my peers. This group will be conducted on Wednesday's by Navah Paskowitz-Asner, as well as Chrisa Sadd, LMFT.

Parent's/Guardian's Initials _____

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Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during **Camp Ed**, I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Camp Ed and The Ed Asner Family Center.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Camp Ed** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Ed Asner Family Center and Camp Ed are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____