

# **SUNSET HILLS DAY CAMP 2007 CAMPER INFORMATION SHEET**

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Grade Entering \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## **2007 WEEKS ATTENDING CAMP**

(Please circle only those that you are paying for)

Day Camp 5/29 6/4 6/11 6/18 6/25 7/9 7/16 7/23 7/30

Sunrise 5/29 6/4 6/11 6/18 6/25 7/9 7/16 7/23 7/30

Sunset 5/29 6/4 6/11 6/18 6/25 7/9 7/16 7/23 7/30

Office Use only:

Cash \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Check No. \_\_\_\_\_ Credit Card \_\_\_\_\_ Receipt No. \_\_\_\_\_

Does camper have an IEP or need assistance to participate? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Camper's medications: \_\_\_\_\_

Does camper need to take medication during camp hours? NO \_\_\_\_\_ YES \_\_\_\_\_

(Our medication procedure must be followed if campers receive medication(s) at camp)

**PLEASE FILL OUT THE BACK OF THIS FORM. THANKS!**

Does camper have any allergies and/or food allergies? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please describe any other medical conditions you feel we should be aware of: (asthma, diet restrictions, etc.).

\_\_\_\_\_

Additional Comments or Suggestions: \_\_\_\_\_

\_\_\_\_\_

***AUTHORIZATION TO BE PICKED UP BY:***

1. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

***AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR***

In case of an accident, if I (we) cannot be reached to make necessary arrangements, I (we) hereby authorize the Sunset Hills Parks & Recreation Department to transport my child for emergency medical treatment. We will be responsible for the charges for any medical treatment or hospitalization.

***FIELD TRIP PERMISSION RELEASE***

I hereby give my permission for \_\_\_\_\_ to attend all day camp field trips as part of Sunset Hills summer day camp program.

***SWIMMING RELEASE***

I hereby give permission for \_\_\_\_\_ to attend all swimming sessions.

***PHOTOGRAPHIC RELEASE***

I hereby do \_\_\_\_\_ do not \_\_\_\_\_ agree that my child's picture or likeness can be represented and published in any City of Sunset Hills publication or media.

I have read and agree with all of the above releases.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

***PLEASE FILL OUT THIS FORM AT REGISTRATION  
OR RETURN IT TO THE PARKS & RECREATION OFFICE  
AT LEAST TWO WEEKS BEFORE YOUR FIRST CAMP SESSION.  
THANK YOU!***