

AQUIDNECK ISLAND DAY CAMP

Date of Application _____/_____/_____

Camper's Name _____ Date of Birth _____ Age _____ Sex _____

Address _____ Town _____ State _____ Zip _____

Phone _____ E-mail _____ Grade entering _____

Mother's Name _____ Cell phone _____ (W) phone _____

Father's Name _____ Cell phone _____ (W) phone _____

Other legal guardian _____ Cell phone _____ (W) phone _____

List two other people (relatives, friends, neighbors) who could be called during camp hours in case of illness or emergency, if you cannot be reached. The individuals listed below are the only individuals authorized to pick up your child.

We will not release a child to anyone other than a parent/ guardian without written permission from that parent/guardian.

1. Name _____ Phone (H) _____ Phone (W) _____
Address _____ Town _____ Zip _____

2. Name _____ Phone (H) _____ Phone (W) _____
Address _____ Town _____ Zip _____

How did you hear about us? newspaper ___ friend ___ flyer ___ family member ___ school ___

Who recommended Aquidneck Island Day Camp to you? _____

Please check the dates you are registering for:

Please check the dates you are registering for: (Please note there is no camp on Tues. July 4th)

Full seven weeks (June 26th -August 11th)

June 26th- June 30th

July 3rd-7th

July 10th-14th

July 17th-21st

July 24th- July 28th

July 31st-4th

August 7th-11th

Do you need before camp care from 8-8:30? Yes or No.

Do you need after camp care from 4-5pm? Yes or No

Please indicate if your child needs a car seat, has a special diet, or is prone to fatigue.

If there is any reason your child ***cannot*** participate in any of the offered activities in the weekly schedule please inform us.

Comments: _____

CAMPER MEDICAL HISTORY

Does your child have all his or her immunizations up to date? Yes____ No____

Does your child have any allergies? (Such as to bees, dairy, peanuts, medications, etc.) Yes____ No____

If yes, please list them:

Does your child require any special accommodations? Yes____ No____

If yes, please explain:

Does your child display any behaviors that we should be aware of? Yes____ No____

If yes, explain:

Does your child have any health problems? Yes____ No____

If yes, explain:

Please explain any recent surgeries or medical procedures:

Will your child need to take any medication during camp hours? Yes____ No____ If yes, please notify the Camp Coordinator at 864-3183 to make arrangements.

Parents Authorization:

This health history is correct to the best of my knowledge and my child has permission to engage in all planned activities, except as noted. In the event that I cannot be reached in an emergency, I hereby authorize Aquidneck Island Day Camp to secure proper medical treatment for my child named herein. I understand that proper medical treatment may include hospitalization, anesthesia or surgery in a critical situation.

Physician's Name_____ Phone Number:_____

Address_____ Town_____ State_____ Zip_____

Health Insurance Name_____ Policy #_____

Parent/Guardian's Signature:_____ Date:_____

Aquidneck Island Day Camp

P.O. Box 4091
Middletown, RI 02842
Tele. (401) 864-3183

Waiver of Liability and Assumption of Risk

The purpose of this form is to make you aware of the specific risks associated with participation in the Aquidneck Island Day Camp. By signing this form, you are approving participation for your child in the camp from June 26th, 2017 to August 11th, 2017.

I have been informed and am fully aware of:

1. I understand that there are inherent risks associated with sports, swimming, sailing, horseback riding, music, art and other activities provided by the Aquidneck Island Day Camp. I agree to allow my child to participate in the activities offered at the camp unless otherwise noted in writing on the camp application.
2. I have been informed and am fully aware of the fact that Aquidneck Island Day Camp provides transportation to activities during the camp day. I understand that en route to or from, at, or in the vicinity of the program facilities, my child may be exposed to the risk of personal injury or suffer property damage or loss due to circumstances beyond the control of the program or its facilitators.
3. I have been informed and am fully aware of the fact Aquidneck Island Day Camp makes every effort to ensure the safety of persons participating. I understand that despite this fact, my child may still be at risk of injury due to circumstances beyond the control of the program or its facilitators.
4. I hereby acknowledge that I have been provided with the opportunity to read this document that I am signing it of my own free will and for my benefit and that of my child in order for my child to gain permission to participate in the program.

Parent /Guardian Signature: _____ Date: _____

Name of Camper: _____ Date of Birth: _____
(PRINT)

Address: _____ Telephone: _____

Town: _____ State _____ Zip: _____

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AUTHORIZATION FOR PUBLICITY RELATED RELEASE OF PHOTO/ INFORMATION

Name

Address City/Town State Zip Code

I, _____ authorize **Aquidneck Island Day Camp**
Authorized Person/ Legal Guardian P.O. Box 4091 Middletown, RI 02842

To use my child's first name and last initial only and photos for publicity purposes such as brochures, newsletter, flyers, videos, photomontages or press releases.

I understand that photographs may be used for publicity purposes such as thank you letters, brochures, facebook, newsletter, flyers, videos, or website for the Aquidneck Island Day Camp.

Please check one:

- I request the option of reviewing any/ all photos of my child prior to agency's use in printed format.
- Please do not contact me again for authorization to use a specific photograph of my child prior to use in printed format.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

NOTE: Further disclosure of any confidential information beyond that which is specified herein is prohibited without express written consent by the person authorizing this release.

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I HEREWITH RELEASE AND HOLD HARMLESS RHODY-VENTURES DAY CAMP AND ANY OF ITS AGENTS, EMPLOYEES, DIRECTORS, OR VOLUNTEERS FROM ANY LIABILITY FOR THE RELEASE OF ANY INFORMATION PROVIDED IN ACCORDANCE WITH THIS DIRECTIVE.

Signature of Parent/ Guardian: _____ Date: _____

PLEASE SEND THE 4 COMPLETED FORMS TO:
AQUIDNECK ISLAND DAY CAMP
P.O. BOX 4091 MIDDLETOWN, RI 02842
MIDDLETOWN , RI 02842