

2018 Camp FUNshine Registration Form

Child's Information

Name: _____
Last First Age DOB

Full Address including ZIP: _____

Gender: M F

Week 1: June 18 - 22 <input type="checkbox"/>	Week 2: June 25 - 29 <input type="checkbox"/>	Week 3: July 2 - 6 <input type="checkbox"/>	Week 4: July 9 - 13 <input type="checkbox"/>
Week 5: July 16 - 20 <input type="checkbox"/>	Week 6: July 23 - 27 <input type="checkbox"/>	Week 7: July 30 - Aug 3 <input type="checkbox"/>	Xtreme Week: Aug 6 - 10 <input type="checkbox"/>

T-shirt Size (circle one): **YXS** **YS** **YM** **YL** **ADULT S** **ADULT M** **ADULT L** **ADULT XL**

Contact Information

Parent/Guardian Information

Name: _____
Last First

Full Address including ZIP: _____
 (Only if different from camper's)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian Information

Name: _____
Last First

Full Address including ZIP: _____
 (Only if different from camper's)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Additional Information: Please list any information that may assist us in making your child's experience a positive one
 (For example: comforting tools, fears, etc.)

Allergies (State Allergy, Reaction and Treatment)

	Allergy	Reaction	Treatment
1.	_____	_____	_____
2.	_____	_____	_____

Physician's Information (Please attach or provide business card if available)

Name: _____ Phone: _____

Emergency Contact (other than parents/guardians)

1. Name: _____
Last First Relationship to child

Full Address including ZIP: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____
Last First Relationship to child

Full Address including ZIP: _____

Home Phone: _____ Cell Phone: _____

Release Section

- If parents of the camper are divorced, please list the name of who has legal custody of the child named on this application: _____
- May the non-custodial parent pick up the child named on this application? ___ YES ___ NO.
- If yes, include required information in the release section. If no, legal documentation may be required.
- The child named on this application will be released only to the people named as parents or emergency contacts on this application. **Please be advised that identification will be required.**

Camp FUNshine Policy and Procedure Agreement:

I _____ hereby acknowledge that I have read and agree to abide by the identified Camp FUNshine policies and procedures listed in the camp information package that was made available to me. I understand that a fee of **\$1 per minute** will be charged for campers that are not registered for pre/post camp, arriving prior to 9AM or not picked up by 5PM. I understand that a fee of **\$1 per minute** will be charged for campers that are registered for pre/post camp, arriving prior to 7:30AM or not picked up by 6PM.

Medical Care Authorization and Hold Harmless Agreement:

I _____ also hereby acknowledge my receipt and understanding of the information disclosed on this registration form. I hereby grant permission to the Town of Matthews Staff to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the above named at such times as deemed necessary for physical health purposes. I hereby voluntarily release and discharge the Town of Matthews, the Matthews Parks and Recreation Department, its agents, contracted services, servants and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in the Town of Matthews activities.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____