

**TOWN OF BLOOMING GROVE RECREATION  
REGISTRATION FORM – CHILDREN**

NAME OF PROGRAM \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

1. PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

2. PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

3. PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

LEGAL PARENT'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WORK # \_\_\_\_\_

HEALTH/MEDICAL RESTRICTIONS \_\_\_\_\_

LOCAL EMERGENCY NAME AND PHONE # (NOT YOUR OWN) \_\_\_\_\_

**WEEKS (CIRCLE)** 1 2 3 4 5 6 7

**PLEASE CIRCLE:** HALF DAY (M-F) OR HALF DAY (M,W,F) OR FULL DAY  
BEFORE CAMP AFTER CAMP (Full day only)

In consideration of the Town granting and continuing permission for use of its facilities, programs, and personnel, I hereby authorize my child, whose name appears above, to participate in the Town of Blooming Grove Recreation program; to travel to and from facilities and events conducted by the department. I hereby release the Town of Blooming Grove and its employees from any liability, claims, damage, or expense sustained by my child in connection with such participation.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment – to include evaluation for injuries, X-ray, and any needed care. I understand the group leader will try to contact me in case injury occurs.

I have explained to my child that he/she is to obey the Town of Blooming Grove Staff and to follow rules and regulations set forth by them.

As with all Town of Blooming Grove Recreation Programs, credit is given only if a program is cancelled. Transfer of monies from one program to another is not permitted. There will be no credit or refunds if an instructor leaves during the session and is replaced within two weeks.

\_\_\_\_\_  
Legal Parent/Guardian Signature

**FOR OFFICE USE ONLY:**

Payment Amount: \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Money Order# \_\_\_\_\_ Receipt# \_\_\_\_\_

**TOWN OF BLOOMING GROVE SUMMER CAMP PROGRAM 2019  
AUTHORIZED PICK-UP LIST**

Camper Name: **Last** \_\_\_\_\_ **First** \_\_\_\_\_

**Please list ALL persons who are authorized to pick your child up from camp.**

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_ Phone # \_\_\_\_\_

5. \_\_\_\_\_ Phone # \_\_\_\_\_

6. \_\_\_\_\_ Phone # \_\_\_\_\_

7. \_\_\_\_\_ Phone # \_\_\_\_\_

8. \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
**Print Parent/Guardian Full Name**

X \_\_\_\_\_  
**Parent/Guardian Signature**

TOWN OF BLOOMING GROVE SUMMER CAMP PROGRAM 2019

MEDICAL HISTORY FORM

Camper's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_

(Including name of road/street, P.O. Box #)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a resident of the Town of Blooming Grove? Yes \_\_\_\_\_ No \_\_\_\_\_

(A resident pays property taxes to, and votes in Blooming Grove)

Emergency Name and Phone (not your own) 1. \_\_\_\_\_

Please List two Names 2. \_\_\_\_\_

MEDICAL HISTORY

Has your child been under any medical care within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason: \_\_\_\_\_

Is the child on any medication now? Yes \_\_\_\_\_ No \_\_\_\_\_

What? \_\_\_\_\_

(Written Doctor approval is needed before the Camp Medical Personnel can administer medication)

Is your child allergic to Penicillin, or any other drug? Yes \_\_\_\_\_ No \_\_\_\_\_

What? \_\_\_\_\_

Does your child have other allergies? (i.e. bee stings, nuts, grass, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

What? \_\_\_\_\_

Is your child subject to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fainting Spells                 | <input type="checkbox"/> Hay Fever             | <input type="checkbox"/> Headaches     |
| <input type="checkbox"/> Eczema                          | <input type="checkbox"/> Tonsillitis           | <input type="checkbox"/> Wetting       |
| <input type="checkbox"/> Stomach Upsets                  | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Asthma        |
| <input type="checkbox"/> Abdominal Pains                 | <input type="checkbox"/> Cramps (Where? _____) | <input type="checkbox"/> Convulsions   |
| <input type="checkbox"/> Frequent Sore Throats           | <input type="checkbox"/> Ear Infections        | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Serious Ivy/Oak/Sumac Poisoning | <input type="checkbox"/> Bronchitis            | <input type="checkbox"/> Constipation  |
| <input type="checkbox"/> Other _____                     |  |  |

Does your child have: \_\_\_\_\_ Lung Problems \_\_\_\_\_ Kidney Problems \_\_\_\_\_ Heart Problems

\_\_\_\_\_ Hernia \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

Does your child have emotional, or mental limitations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate: \_\_\_\_\_

Has your child been exposed to any contagious disease in the past 3 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what and when? \_\_\_\_\_

Should your child be restricted from any activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_

IMMUNIZATION RECORD (Please indicate dates) Camper must have tetanus shot.

\*\*\*Optional~ Copy of medical records OR this section filled out and signed by a Physician\*\*\*

- |                     |                       |
|---------------------|-----------------------|
| Tetanus - _____     | Rubella - _____       |
| Mumps - _____       | Poliomyelitis - _____ |
| Diphtheria - _____  | Measles - _____       |
| Chicken Pox - _____ | Pneumonia - _____     |
| Other - _____       | Other - _____         |

Doctor's Name Printed \_\_\_\_\_ Office Address \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Office Phone # \_\_\_\_\_

TOWN OF BLOOMING GROVE RECREATION  
TEAM LASSER 2019  
**PERMISSION FORM**

\*REQUIRED FOR WEEK 7 ONLY\*

PERMISSION TO TRAVEL

**By signing this form, you are giving your child permission to travel and attend all trips included on the camp's tentative schedule of events, including any unscheduled trips created by weather conditions, or other reasons beyond Blooming Grove's control.**

I, \_\_\_\_\_, give my child, \_\_\_\_\_ permission to attend all trips scheduled by Blooming Grove Summer Camp.

X

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Date