

**Yaphank Presbyterian Church
Daily Vacation Church Camp**

65 Main Street
Yaphank, NY 11980
August 18 – 22, 2008
9:00 a.m. to 1:00 p.m.

Daily Vacation Church Camp Registration Form

Grade in September of 2008 _____

Name _____ Age _____ School _____

Address _____ Phone _____

Sex: Boy _____ Girl _____

Two friends or neighbors to call in case of emergency:

1. _____ Phone _____

2. _____ Phone _____

My child is in good physical condition. He/she has had a physical exam during the past 6 months and has had no serious illness or operation since this examination. Name of Doctor administering the physical:

Dr _____ Phone _____ Date _____

My child has had tetanus immunization on _____, or will have by _____

Is he/she allergic to bee stings? Yes _____ No _____

Other allergies: medication, food or environmental? _____

Does your child have asthma? Yes _____ No _____

Medication your child is taking and or health conditions to be noted at camp: _____

Child's Physician: _____ Phone _____

I agree to assume full responsibility for any injuries incurred by him/her in connection with travel to, from, and at Yaphank Daily Vacation Church Camp. I further authorize you to call our family physician in case of emergency. If he/she is unavailable I hereby give my consent for the camp to call a physician for emergency medical care. I will not hold the driver responsible for any injury or accident in connection with this activity.

I agree to get my child to and from camp. I also agree to pay twenty dollars to cover the cost of materials. I understand the other costs of the camp are underwritten by the Yaphank Presbyterian Church.

Signature: _____ Relationship to child: _____ Date: _____

Please make checks payable to Yaphank Presbyterian Church
Return this form and money or check to Pastor Ralph Wright at the above address
If you have any questions please call: 924-3723 or 475-3322