

Yaphank Day Camp

65 Main Street
Yaphank, NY 11980

Camper Registration Form (For Children Ages 6-13 Years Old)

Grade in September of 2009 _____
(must have at least completed Kindergarten in 2009 to be accepted into YDC)

Name _____ Age _____ School _____

Address _____ Phone _____

Sex: Boy _____

Girl _____

Please Circle which Session or Sessions your child will attend:

Session (Week) I: July 6-10
Session (Week) II: July 13-17
Session (Week) III: July 20-24
Session (Week) IV: July 27-31
Session (Week) V: August 3-7
Session (Week) VI: August 10-14

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's immunizations are currently up to date. YES _____ NO _____ (Please attach a copy of your child's immunization records. This is required in order to accept your registration.)

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: _____

** If your child has to take medication at camp please make special arrangements and fill out the special medication form.

Child's Physician: _____ Phone _____

All medications are kept locked and confidential.

I agree to assume full responsibility for any injuries incurred by him/her in connection with travel to, from, and at Yaphank Day 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 \$80 a week to cover camp costs plus a one time registration fee of \$15 per child. I understand a major portion of the costs of the camp are donated by the Yaphank Presbyterian Church and other church and community groups. I also agree to provide to the camp a weekly food donation as per the donation card. Donation cards will be issued the first day of camp.

Signature: _____ Relationship to Child _____ Date _____

Please make checks payable to the **Yaphank Presbyterian Church**. Return this form with payment to the above address. If you have any questions, please feel free to contact Laurie Lambert, Camp Director at lamfam1262@yahoo.com or the church office 631-475-3322.