

Island Rec's
***Camp Eagle Rock* Registration Form Summer 2009**

It is necessary that all information on this two-sided application be filled out completely and correctly. Incomplete applications will delay registration. Fees must accompany all registrations. Use one form per child.

Please check the appropriate box for the week or weeks requested.

Camp Only: 8:30 a.m.-3:30 p.m.

**Full Summer
or by the week**

- 1: June 22-26
- 2: June 29-July 3
- 3: July 6-10
- 4: July 13-17
- 5: July 20-24
- 6: July 27-July 31
- 7: August 3-7

Camp & After Camp Care 8:30 a.m.-5:30 p.m.

**Full Summer
or by the week**

- 1: June 22-26
- 2: June 29-July 3
- 3: July 6-10
- 4: July 13-17
- 5: July 20-24
- 6: July 27-July 31
- 7: August 3-7

CAMPER INFORMATION

First Name _____ Last Name _____ Grade Sept 09 _____

DOB _____ M/F _____ Current Height _____ Current Weight _____

PARENT/GUARDIAN INFORMATION

Primary: First Name _____ Last Name _____

Phone (day): _____ (night): _____ email _____

Mailing Address _____ City _____ State _____ Zip _____

Secondary: First Name _____ Last Name _____

Phone (day): _____ (night): _____ email _____

Mailing Address _____ City _____ State _____ Zip _____

It is essential that we have emergency contacts who we can contact to act on your behalf in your absence. These persons are also authorized to pick up your child from camp.

Name: _____ Relationship _____ Day Phone _____ Night _____

Name: _____ Relationship _____ Day Phone _____ Night _____

(over)

HEALTH HISTORY INFORMATION

Information on this form is not part of the camper acceptance process. It is gathered to assist us in identifying appropriate care.

Health History:

Operations or serious injuries?
(Check, give approximate date)

- Frequent ear infection
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorder
- Hypertension
- Mononucleosis
- Chicken Pox
- Measles
- German Measles

Learning Disabilities (if any) _____

Chronic or recurring illness or
medical condition? _____

Dietary Restrictions? _____

Other information? _____

ALLERGIES

*Dates not needed

- Hay Fever
- Insect Stings
- Penicillin
- Other Drugs
- Asthma (additional form to be completed)
- Other (specify)

Current Medications?

(send with instructions) _____

Please list any activities your
child should be restricted from. _____

Do you carry family medical/hospital insurance? Yes no
If so, indicate: Carrier _____ Policy # _____

WAIVER:

I/We realize insurance coverage is not provided for the participant, and we will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in the above named program. I/We will not hold Island Rec, San Juan Island School District, or San Juan County, employees/volunteers or anyone otherwise involved in named programs responsible for accident or injury that might occur.

MEDICAL RELEASE:

As a parent or legal guardian, I authorize a qualified physician to examine the above named child and, in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, she/he deemed necessary to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment.

SUNSCREEN RELEASE:

As a parent or legal guardian, I authorize Island Rec staff to apply sunscreen to my child as appropriate.

FIELD TRIP RELEASE:

My child is allowed to participate in all field trips on Island Rec's van and any bus chartered by Island Rec. Island Rec's van has capacity for six booster seats. I authorize Island Rec to transport my child using a lap belt only.

Signature of Parent or Legal Guardian:

_____ **Date** _____

Please complete the following demographic information. (Optional)

Does Participant/family qualify for reduced school lunch program? Yes No

Does Participant/family qualify for free school lunch program? Yes No

Scholarships may be available – please ask.

Ethnicity (check one)	Asian Pacific Islander	African American/African Descent
Latino	Native American/Indigenous	Caucasian/European/American/White
Mixed Ethnicity	Other	

Drop off completed form and payment at Island Rec's office, 580 Guard Street or mail to Island Rec, P.O. Box 1946 Friday Harbor, WA 98250.