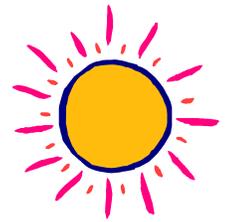




SALMON BROOK PARK
SUMMER PROGRAM REGISTRATION FORM
 PLEASE COMPLETE ONE (1) REGISTRATION FORM PER CHILD



PARTICIPANT NAME (Last, First) _____
Nick Name _____ **Age 7/1/11** _____ **Sex** _____
DOB _____ **Grade 9/1/2011** _____ **School** _____
Address _____ **ZIP** _____
Home Phone _____ **Daytime Phone** _____
Cell Phone _____
Parent/Guardian Name _____
E-Mail Address: _____
In Case of Emergency, Please Notify (grandparent, babysitter...):
Name _____ **Daytime** _____
Relationship _____ **Phone** _____

PROGRAM REGISTRATION

SALMON BROOK PARK MEMBERSHIP \$ _____
 Family (\$80) _____ Adult (\$36) _____ Youth (\$32) _____ Senior (\$15) _____
 Please name each person: _____

DAY CAMP (Please complete medical form on back) \$ _____

Specify either week 1 or week 2 of each session
I 6/20 _____ 6/27 _____ **II** 7/5 _____ 7/11 _____
III 7/18 _____ 7/25 _____ **IV** 8/1 _____ 8/8 _____

Day Camp _____ Half-Day Camp _____ Super Gang Camp _____ `Tweens _____
 KinderCamp _____ KinderCamp All-Day _____
 CIT - 1st Year _____ 2nd Year _____ Shirt Size _____

➤ *LESS EARLY REGISTRATION DISCOUNT* (by 6/3) \$ _____
 ➤ *LESS ADD'T'L FAMILY MEMBER* \$ _____

TEEN SIZZLERS \$ _____
 6/24 _____ 6/30 _____ 7/15 _____ 7/29 _____ 8/12 _____

SWIM LESSONS \$ _____
Jr. Lifeguard Session I _____ Session II _____ Shirt Size _____
Swim Lessons Swim Level _____ Needs testing _____
I 7/5 - 7/15 _____ **II** 7/18 - 29 _____ **III** 8/1 - 8/12 _____

NON-RESIDENT FEES (\$5 per swim session/camp week per child per program) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

EMERGENCY AUTHORIZATION: I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

When paying with a check by mail, please include a copy of your driver's license.

 Parent/Guardian Signature Date

MEDICAL CARD – For Day Camp Only

Camper's Name _____

Address _____ ZIP _____

Home Phone _____ Age as of _____ Grade _____

DOB _____ 7/1/11 _____ 9/1/11 _____

Mother/Guardian _____

Daytime Phone _____ Cell Phone _____

Father/Guardian _____

Daytime Phone _____ Cell Phone _____

Child Lives With: _____

The well being of your child is very important to us. Is there anything special you would like us to know about your camper? _____

Allergies (foods, smells, hay fever, poison ivy, insect bites, asthma, etc.) & medications: _____

What activities can your child NOT participate in? _____

Why? _____

What medications are your child currently taking? _____

What for? _____

List meds your child has to bring to camp: _____

Preferred Hospital: _____

PLEASE NOTE: The staff does NOT administer medications; if a camper is unable to administer them him/herself, a parent is required to come to camp to administer them.

EMERGENCY AUTHORIZATION: I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

Parent/Guardian Signature

Date

We will be transmitting Parent Handbooks & Weekly Newsletters electronically. Please supply:

E-Mail Address: _____