

# SUMMER CAMP APPLICATION

<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>

<b>Address</b>

<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Home Phone</b>	<b>Sex</b>	<b>Date of Birth</b>
	F   M	

<b>**Grade in Fall 2009</b>	<b>School in Fall 2009</b>	<b>Rye Golf Pool Member</b>
		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Mother's Name</b>	<b>Mother's Work Phone</b>	<b>Mother's Cell Phone</b>

<b>Father's Name</b>	<b>Father's Work Phone</b>	<b>Father's Cell Phone</b>

<b>Allergies, medication required during the camp day or camper's special needs</b>

**Immunization records as required by the Department of Health - please list exact date (mm/dd/yyyy)  
DO NOT attach records - Complete boxes below**

<b>DPT/DTaP - 1</b>	<b>DPT/DTaP - 2</b>	<b>DPT/DTaP - 3</b>	<b>DPT/DTaP - 4</b>	<b>Hib/Influenza Type B</b>
<b>OPV/IPV - 1</b>	<b>OPV/IPV - 2</b>	<b>OPV/IPV - 3</b>	<b>Varicella/Chicken Pox (most recent date)</b>	
<b>Hep B/Hepatitis - 1</b>	<b>Hep B/Hepatitis - 2</b>	<b>Hep B/Hepatitis - 3</b>	<b>MMR or Measles - 1</b>	<b>MMR or Measles - 2</b>

**Children in Grade K or older are REQUIRED  
to have 2 vaccines for Measles**

<b>Emergency Name (other than parent)</b>	<b>Emergency Phone</b>

<b>Doctor's Name</b>	<b>Doctor's Phone</b>

<b>Insurance Company</b>	<b>Insurance Policy Number</b>

In the event I cannot be reached in an emergency situation, I hereby give my permission to the camp director/camp health officer to secure proper treatment for my child named above. I understand that the camp will try to contact the parents first at the numbers listed above. I understand that the City of Rye DOES NOT carry accident or medical coverage for participants. I hereby give permission for my child, registered above, to attend the Rye Recreation camp program. I hereby release the City of Rye and its employees and volunteers from any and all liability for personal injuries and/or property damage sustained by my child or I sustain in a Rye Recreation camp program.

<b>Signature</b>	<b>Date</b>