

CAMP FIRE 2016 INFORMATION / HEALTH HISTORY FORM

CAMPER INFORMATION					
Last Name:	First Name:	Middle:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Birth date:
Street Address:	City:	State:	Zip:	Phone Number:	Grade Entering:

School Name: _____

Demographic information is desired only for statistical purposes. Responses will not affect the applicant's qualification to enroll.

Ethnic/Racial: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	Total # in Family: <input type="checkbox"/> 2 – 3 <input type="checkbox"/> 4 – 5 <input type="checkbox"/> 6 – 8 <input type="checkbox"/> Over 8	Household Income: <input type="checkbox"/> under \$15,000 <input type="checkbox"/> \$35,001 - \$45,000 <input type="checkbox"/> \$15,001 - \$25,000 <input type="checkbox"/> \$45,000 - \$55,000 <input type="checkbox"/> \$25,001 - \$35,000 <input type="checkbox"/> over \$55,000
--	---	---

Disabilities: <input type="checkbox"/> Physical: _____ <input type="checkbox"/> Developmental: _____	<input type="checkbox"/> Other: _____
--	---------------------------------------

Circle One: Waluta (K-4) Discovery (5-6) Adventure (7-8) CIT (9-10)

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name:	Primary Phone:	Secondary Phone:	Address if different from child:
Parent / Guardian Name:	Primary Phone:	Secondary Phone:	Address if different from child:
Persons authorized to pick up my child:	Name & Relationship:	Name & Relationship:	
Persons NOT authorized to pick up my child:	Name & Relationship:	Name & Relationship:	

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to camper:	Primary Phone:	Secondary Phone:
Name of local friend or relative (not living at same address):	Relationship to camper:	Primary Phone:	Secondary Phone:

MEDICAL INFORMATION

List of activities my child **cannot** participate in: _____

List any allergies or physical/health limitations: _____

Medications: _____

Camper Health History - Please indicate Yes or No on each line:

Frequent Colds: _____	Constipation: _____	Poliomyelitis: _____
Frequent Sore Throats: _____	Diabetes: _____	Whooping Cough: _____
Heart Trouble: _____	Rheumatic Fever: _____	Hay Fever: _____
Convulsions: _____	Tuberculosis: _____	Skin Allergies: _____
Abscessed Ears: _____	Kidney Trouble: _____	Bronchitis: _____
Athlete's Foot: _____	Chicken Pox: _____	Serious Ivy or Oak: _____
Fractures: _____	Measles: _____	Poisoning: _____
Fainting: _____	Sinusitis: _____	Other: _____
Stomach Upset: _____	Mumps: _____	Other: _____

CAMP FIRE NORTH SHORE SUMMER CAMP 2016

PLEASE READ AND INITIAL EACH SECTION

_____ I authorize Camp Fire North Shore's staff members to apply sunscreen and/or insect repellent to my child. I will send these products to camp with my child daily.

_____ I authorize the Camp Fire staff to transport my child by bus for field trips. I also understand that in the event of extreme weather conditions, off site outings may occur.

_____ In the event of a field trip due to extreme weather conditions, I give permission for my child in DISCOVERY/ADVENTURE CAMP to attend PG/PG 13 movies.

_____ Massachusetts Health Regulations require all campers to have a current **physical, immunization records and a medical history form** on file at camp before that child may attend camp.

_____ Your \$25.00 deposit each week is applied toward the tuition fee for that particular week. **Payments for each week must be paid in full by 9:00am on the Monday of the previous week.**

_____ A late pick-up fee of \$10.00 for each 15 minute period or part of, after 4:00pm for regular camp and after 5:30pm for the extended care will be charged. After a 60 minute period of time and no contact has been made, the Salem Police Department and the Department of Children and Families will be notified.

_____ I give permission for Camp Fire North Shore to contact the emergency contacts on this registration form in the event I cannot be reached. I also authorize Camp Fire North Shore to release my child to these emergency contacts when accompanied by a picture ID.

_____ I authorize Camp Fire North Shore to photograph/video my child while involved in camp activities. I understand these pictures will only be used for Camp Fire promotion, marketing, and for camp projects.

_____ In the event of emergency, I authorize Camp Fire North Shore to transport my child by ambulance to the nearest medical care facility. I also authorize the medical care staff of this facility to treat my child as necessary. I understand that in the event of an emergency, every effort will be made to contact me.

_____ I authorize the Camp Fire North Shore staff that is certified in basic/community first aid to perform first aid on my child when necessary.

_____ **Cancellation of registered week (s) will only be accepted up until 14 days before the week (s) begins OR you will be financially responsible for the full weeks tuition The deposits are non-refundable and non-transferable. CANCELLATION MUST BE MADE IN WRITING USING A CAMP CHANGE FORM. Refunds on tuition and exemptions to the 14 day rule are made only for medical reasons causing a camper to withdraw. A written notice from your health care provider must be provided. Refunds will only be made in the form of Camp Fire credit. Minor illness such as a sore throat, stomach aches, etc. or changes in a parents plans are not sufficient grounds to warrant refunds or exemptions to the 14 day cancellation rule. By signing this, you have read and understand the cancellation policy and agree to make all tuition payments on time.**

*By signing this document, I understand and agree to all the terms and conditions listed above.

Signature: _____ **Date:** _____