

# 2019 R-Centers Summer Camp Registration

**For Office Use Only**  
Date Received \_\_\_\_\_  
Amount Received \_\_\_\_\_

**Instructions:** Please complete one of these forms per child and return with deposit to: City of Rochester Bureau of Recreation, 400 Dewey Avenue, Rochester, NY 14613  
Fax:(585) 428-6021 Phone:(585)-428-6755

Number of Registered Children: \_\_\_\_\_  
Names: \_\_\_\_\_  
\_\_\_\_\_

Please return this form only. Keep other material for your reference.

## Camper Information

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
T-Shirt Size: *Youth* - S M L *Adult* - S M L XL Is this your first summer with us? Yes / No  
How did you hear about R-Center Summer Camps? \_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian 1 Information

Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_

### Parent/Guardian 2 Information

Relationship to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_

## Pickup Authorization and Emergency Contacts

Is Parent/Guardian 1 authorized to pick up? Yes / No Is Parent/Guardian 2 authorized to pick up? Yes / No

### Other individuals authorized to pick up camper:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### In an emergency, when parent or guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Camp Date Selection

Please indicate (x) summer camp session choices below:

	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23	8/26-8/30
ArtSmart(Cobb's Hill)									
Sports Camp (Genesee Valley Park)									N/A

\*Parents must notify staff when child will be absent.

## Health History

## Health & Immunization Records

### Allergies

\_\_\_\_\_ Asthma  
\_\_\_\_\_ Chicken Pox  
\_\_\_\_\_ Convulsions  
\_\_\_\_\_ Ear infections  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Measles  
\_\_\_\_\_ Mumps  
\_\_\_\_\_ Poison Ivy  
\_\_\_\_\_ Rubella  
\_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Nuts  
\_\_\_\_\_ Insect Stings  
\_\_\_\_\_ Poison Ivy  
\_\_\_\_\_ Penicillin  
\_\_\_\_\_ Other Drugs  
\_\_\_\_\_ Latex  
\_\_\_\_\_ Other

### Immunization History

I certify that all of my camper's immunizations are up to date.  
 I understand that I must submit a full copy of my camper's immunization history before he/she can attend camp. Immunization history should be provided to the Bureau of Recreation

Health Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## Health & Immunization Records (Continued)

Please indicate "yes" or "no" to the following questions and list any additional information.

Does your camper use any self-administered medications?

No  Yes (Please describe) \_\_\_\_\_

Do you give your camper permission to carry and apply sunscreen? (Sunscreen must be FDA-approved, over the counter, and provided by parent/guardian to camper)  No  Yes

Has your camper had any operation or serious injury?

No  Yes (Please describe) \_\_\_\_\_

Does your camper have any chronic or recurring illnesses?

No  Yes (Please describe) \_\_\_\_\_

Are there any activities that your camper should be encouraged to do?

No  Yes (Please describe) \_\_\_\_\_

Are there any activities that your camper should be restricted from?

No  Yes (Please describe) \_\_\_\_\_

Please provide the staff with any additional health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for your camper:

**RECREATION STAFF CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO CAMP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, A PARENT OR DESIGNATED PERSON IS ALLOWED TO COME IN AND ADMINISTER MEDICATION AT THE APPROPRIATE TIME. *The City of Rochester does not discriminate on the basis of handicap status in programs, activities or employment.***

## Parent/Guardian Agreement

Please initial in the spaces provided below:

\_\_\_\_\_ I hereby state that all the information on this form is accurate and my camper is capable of participating in this program.

\_\_\_\_\_ I agree to notify the summer camp staff immediately of any changes in address, phone number, place of employment, or persons authorized to pick up camper etc.

\_\_\_\_\_ I will provide the staff with any additional health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for your camper.

\_\_\_\_\_ I understand that not fully disclosing the above may put my child's health and safety at risk.

\_\_\_\_\_ I have read and understand the information in the Summer Camp registration packet.

\_\_\_\_\_ I am responsible and agree to cooperate with summer camp policies including but not limited to payment procedures and deadlines, hours of operation, and behavior policies.

\_\_\_\_\_ I understand that summer camp staff reserve the right to remove a child from the program for failure to follow the policies and procedures of the program and the Bureau of Recreation at their discretion.

\_\_\_\_\_ I give full permission for my child to attend and participate in all summer camp activities, including off-site field trips under staff supervision.

\_\_\_\_\_ I intend to be hereby legally bound, for myself, my heir, executor and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors, and employees for any and all injuries which may be suffered by my child/camper.

\_\_\_\_\_ If an accident occurs, I give permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child/camper to be taken to the hospital.

\_\_\_\_\_ I give consent that the City of Rochester Department of Recreation and Youth Services may use photography, slides, and video of my child/camper, as may be needed for its records or promotional purposes including website material to promote the interests of the department.

X

Parent or Guardian Signature

Date