

## Centre Region Parks & Recreation HEALTH & SAFETY FORM - SUMMER 2012

THIS FORM MUST BE COMPLETED AND RETURNED **ON OR BEFORE THE FIRST DAY OF CAMP** TO (1) CENTRE REGION PARKS & RECREATION OFFICE (Address below) OR (2) THE SITE LEADER.

**Please Check the Applicable Camp(s) and Circle the Week(s) Enrolled:**

<input type="checkbox"/> <b>WEE KIDventure Day Camp:</b> Weeks 1, 2, 3, 4, 5, 6, 7, 8 <small>TYPE WEEK NUMBERS:</small>	<input type="checkbox"/> <b>Time Travelers Camp</b> <input type="checkbox"/> <b>Outdoor Explorers Camp</b>
<input type="checkbox"/> <b>KIDventure Day Camp at SC Area High School - South Building</b> <small>TYPE WEEKS:</small> Weeks 1, 2, 3, 4, 5, 6, 7, 8 or All	<input type="checkbox"/> <b>Youth Fly-fishing for Trout Camp</b> <input type="checkbox"/> <b>Youth Fly-fishing for Bass Camp</b>
<input type="checkbox"/> <b>KIDventure Day Camp at Park Forest Elementary School</b> <small>TYPE WEEKS:</small> Weeks 1, 2, 3, 4, 5, 6, 7, 8 or All	<input type="checkbox"/> <b>Youth Canoe Camp #1 / #2</b> <input type="checkbox"/> <b>CRPR Kayak Camp #1 / #2</b>
<input type="checkbox"/> <b>Youth Martial Arts &amp; Culture Camp</b> Week 1, Week 2, Week 3	<input type="checkbox"/> <b>Geo-Caching Adventure Camp</b>
<input type="checkbox"/> <b>Wonderful Wetlands Day Camp</b>	<input type="checkbox"/> <b>Camp Bill 8-12 yrs-Session 1</b> <input type="checkbox"/> <b>Camp Bill 8-12 yrs-Session 2</b>
<input type="checkbox"/> <b>"Nature Adventures" Art Camp</b> <input type="checkbox"/> <b>Grades 6-8</b> <input type="checkbox"/> <b>Grades 9-12</b>	

**GENERAL INFORMATION:**

Camper's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Grade (as of Fall 2012) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH AND SAFETY INFORMATION:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any allergies and nature of allergic reaction: \_\_\_\_\_

Specify any medications currently being administered (CRPR staff cannot administer medication): \_\_\_\_\_

Specify any emotional / learning problems, special needs, etc.: \_\_\_\_\_

Indicate any physical activities to be restricted:

My child has taken swim lessons: YES \_\_\_\_ NO \_\_\_\_ If YES, my child has successfully completed LEVEL \_\_\_\_

**INDIVIDUALS (other than parent/guardian) WITH PERMISSION TO PICK-UP CAMPER:**

**Photo Identification may be required.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTICE:** CRPR may take photographs and/or other moving or still images of the events it sponsors or facilities it operates, and may use those images in promotional or other materials.

**WAIVER FOR PARTICIPANT:** In consideration for accepting my child's enrollment, I, hereby for myself, my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Centre Region Parks and Recreation Department and its representatives, successors, and assignees for any and all injuries suffered by myself or my child at any activity sponsored by this or other cooperating groups. Further, I give my permission for my child to participate in all CRPR-sponsored field trips and for all activities provided on State College Area School District property, weather permitting (in addition to classroom activities and including the use of adjacent school & municipal grounds).

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_