

Centre Region Parks & Recreation HEALTH & SAFETY FORM - SUMMER 2010

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"/> WEE KIDventure Day Camp: Weeks 1, 2, 3, 4, 5, 6, 7, 8	<input type="checkbox"/> Youth Guided Fly-Fishing TRIPS
<input type="checkbox"/> KIDventure Day Camp at SC Area High School - South Building Weeks 1, 2, 3, 4, 5, 6, 7, 8 or All	<input type="checkbox"/> Youth Fly-fishing for Trout Camp <input type="checkbox"/> Youth Fly-fishing for Bass Camp
<input type="checkbox"/> KIDventure Day Camp at Park Forest Elementary School Weeks 1, 2, 3, 4, 5, 6, 7,8 or All	<input type="checkbox"/> Youth Canoe Camp #1 (July 5-9) <input type="checkbox"/> Youth Canoe Camp #2 (July 26-30)
<input type="checkbox"/> Wild Wednesday Get-A-Ways! July 7, July 14, July 21	<input type="checkbox"/> CRPR Kayak Camp
<input type="checkbox"/> Wonderful Wetlands Day Camp	<input type="checkbox"/> Camp Bill Session 1 / 2
<input type="checkbox"/> Youth Martial Arts & Culture Camp <input type="checkbox"/> "Nature Adventures" Art Camp	

GENERAL INFORMATION:

Camper's Full Name _____ Home Phone _____

Address _____

Grade (as of Fall 2010) _____ 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, waive 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 _____