

For Office Use Only: _____ Weekly Fee _____ DHS Cert. _____ Bus Stop

Camp Crosby Application

Camper's Name: Last: _____ First: _____

Date of Birth: Month: ____/____/____ Age (as of July 1st) _____ Sex: ____ Male ____ Female

Street Address: _____

City: _____ State: ____ Zip Code: _____

Parent/Legal Guardian: _____

Home #: _____ Work #: _____ Cell/Pager #: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Home #: _____ Work #: _____

Name: _____ Home #: _____ Work #: _____

Parent Signature: _____ **Date:** _____

Please check below to indicate which sessions your child will attend:

_____ WEEK 1 JUNE 21 – JUNE 22

_____ WEEK 2 JUNE 25 – JUNE 29

_____ WEEK 3 JULY 2 – JULY 6 (Closed July 4)

_____ WEEK 4 JULY 9 - JULY 13

_____ WEEK 5 JULY 16 – JULY 20

_____ WEEK 6 JULY 23 – JULY 27

_____ WEEK 7 JULY 30 - AUGUST 3

_____ WEEK 8 AUGUST 6 - AUGUST 10

_____ WEEK 9 AUGUST 13 – AUGUST 17 (closed August 13)

_____ WEEK 10 AUGUST 20 – AUGUST 24 at Williams Ave

Camp Crosby Health Form & Pick up Authorization

Any condition requiring regular medication? ____ Name of Medication _____

*Please see handbook for our policies regarding medication given at camp

Any restriction of activity for medical reasons ____ Explain _____

ALLERGIES:

Bee/Insect Stings

Y or N

Poison Ivy/Oak/Sumac Y or N

Seafood

Y or N

Peanuts Y or N

PARENT AUTHORIZATION

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injections or surgery for my child.

Parent Signature: _____ **Date:** _____

Please list below anyone who is authorized to pick your child up. Please note that you must call and let the office know if any of these people will be picking up and anyone picking up should have their photo id available for staff to confirm their identity:

Name	Phone	Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____