

# York Parks and Recreation Department

Please check one

- Outdoor Adventure Camp (Ages 9 – 14)  
 Junior Adventure Camp (Ages 3 ½ - 8)

## Personal Information Sheet

Date: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child Called: \_\_\_\_\_ Any Allergies? \_\_\_\_\_

Is Child on Medication? \_\_\_\_\_ If so, What? \_\_\_\_\_

*Written authorization is required to administer medication (separate form)*

Custodial Parent/Guardian: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Home address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Home address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*Business Address of parent/guardian to contact in case of emergency:*

Name of parent/guardian and business: \_\_\_\_\_

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

Hours of Work: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

### **EMERGENCY CONTACTS**

Name: \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

## Info About Your Child

PLEASE CIRCLE YOUR CHILD'S SWIMMING ABILITY

Non-Swimmer    Needs Floatation Device    Limited Swimming Ability    Competent Swimmer

Tell us about your child's favorite activities, likes, dislikes, interests, special talents, etc.

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## General Permission Slip

Dear Parent,

An important part of our regular program includes walks in the neighborhood and a few field trips into the community. These are an excellent means of expanding children's knowledge of the world around them.

Children are always well-supervised on excursions.

Please read, check applicable boxes, sign and return this permission slip for field trips and other camper safety protocol. Thank you.

Camper: \_\_\_\_\_

- HAS my permission to go on neighborhood walks and community field trips while attending Adventure Camp
  
- HAS my permission to have any available sunscreen applied by counselors, if child has not supplied their own.
  
- HAS my permission to use insect repellent with "deet" at all summer York Parks and Recreation Department Programs.
  
- DOES NOT HAVE MY PERMISSION to use insect repellent with "deet" at all summer York Parks and Recreation Department Programs
  
- I give the York Parks and Recreation Department the authority to admit my camper into the hospital for emergency care.
  
- I give permission to transport my child by car or van on fieldtrips in the event of an emergency.
  
- Our family agrees to abide by camp rules and policies.
  
- I DO NOT wish to have my child's photograph used in Parks & Rec online or printed publications or sent to area newspapers.

\_\_\_\_\_  
Parent/Guardian Signature