

York Parks and Recreation Department

Please check one

- Outdoor Adventure Camp (Ages 9-14) Junior Adventure Camp (Ages 5-8)
 Rec By The River (Ages 3½ -4)

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)

Parent/Guardian: _____ Relationship to camper: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Home address: _____

2nd Parent/Guardian: _____ Relationship to camper: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Home address: _____

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: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Name: _____ Relationship to camper: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Doctor's Name _____ Phone _____

(continued on reverse)

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.

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 as soon as possible.

Thank you.

Camper: _____

- I have read, understand, and will follow all Adventure Camp protocols.
- HAS my permission to go on neighborhood walks and community field trips while attending Adventure Camp
- I will provide my child with a spray sunscreen to be used at camp.
- 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.
- HAS my permission to transport my child, by the best means possible, in case of 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