

**Village of Mamaroneck Recreation Department 914-777-7784  
DAY CAMP REGISTRATION**

Grade in Fall 2012:  Camper Last Name:  First Name:   
 Age:  Birth Date:  Sex:  Early Morning Drop Off:   
 Home Address:  City:  State:  Zip:   
 Home Phone:  Mother's Cell:  Father's Cell:   
 School District:  E-mail   
 Mother's First Name:  Last name:  Work Number:   
 Father's First Name:  Last name:  Work Number:   
 Doctor's Name:  Hospital Insurance Company:   
 Doctor's Number:  Hospital Insurance ID number:

**Emergency Contact Information - Must be different from parent information**

Emergency Contact Name:  Number:  Cell

**Medical History - Immunization Records: Proof of Immunization Required. Please list exact date (MM/DD/YY)**

DPT/DPaT - 1:  2:  3:  4:   
 IPV/OPV - 1:  2:  3:  4:   
 MMR - 1:  MMR - 2:  Varicella (Chicken Pox):   
 Hep B - 1:  2:  3:   
 Influenza B - 1:  2:  3:

**List any allergies, medical concerns, medications, special needs, special diet, restriction on activities. If NONE, please write "NONE" in the box below**

**Medicine must be in its original container with a doctor's note given to the Camp Medical Director**

**RELEASE OF LIABILITY - PERMISSION: MEDICAL, POOL, TRIP AND SWIMMING**

I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss which my child may sustain as a result of participation in the program. I understand the Village of Mamaroneck does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Village of Mamaroneck, the Recreation Department and its officers, agents and employees from any and all claims.

I give my permission for:

- 1) My child's likeness to be used by the Village and its representatives and assigns in any media now or hereafter developed in connection with any advertising and/or Village sponsored program or events and waive any claim or entitlement to any compensation, monetary or otherwise, for or from the use of such likeness.
- 2) In case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and necessary care.
- 3) For my child to go on all camp trips and to participate in all swimming activities.
- 4) 7th, 8th, and 9th graders to watch PG movies, take supervised walking trips, go kayaking and swimming at Harbor Island.
- 5) 5th, 6th graders to take walking trips into the Village for lunch.

I understand that if my child is not going on the trip, that my child should not come to camp that day.

**NOTE: NO REFUNDS WILL BE GIVEN DUE TO SUSPENSION OF A CAMPER - OR AFTER CAMP STARTS**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_