



ELIOT COMMUNITY SERVICE DEPARTMENT



SUMMER CAMP REGISTRATION

Choose: KidsPLAY or Youth Bound

Child

First name Last name Birth date Gender:
Street Address Grade (in fall): Home Phone
City State Zip T-Shirt Size (circle one): Youth S, M, L Adult S, M, L, XL

Child resides with:

( ) Both parents ( ) Mother ( ) Father ( ) Legal Guardian

Parents:

( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

Table with 3 columns: Parental Information, Father, Mother. Rows include Name, Home Phone, Work Phone, Cell Phone, Home Address, Employer, Work Address.

Table with 3 columns: Child's Doctor (or clinic), Doctor, Dentist. Rows include Doctor or Clinic Name, Address, Telephone Number.

The following people MAY NOT pick-up my child(ren) from KidsPLAY.

Table with 3 columns: Name & Relationship to child, Person 1, Person 2.

Photograph Release

Periodically, photographs and videos will be taken of the youth participating in the Program's activities. The photographs/ videos may appear in publications by local newspapers and the Town of Eliot. Please sign below to grant permission for the release of such photographs/ videos and to waive all rights to and compensation for any photographs/ videos taken by the above stated agencies.

Parent/ Guardian's Signature

Date

**Emergency Contact & Pick-Up Information**

In addition to parents, the following people HAVE permission to pick-up my child from KidsPLAY. It is the parent's responsibility to notify KidsPLAY in writing of any changes. Please list two people in the local area who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached.

	<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name		
Relationship to child		
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Primary Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?	Circle: Yes No	Circle: Yes No
	<b>Pick Up Person 1</b>	<b>Pick Up Person 2</b>
Name		
Relationship to child		
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Primary Phone		

**Health Report**

List any medications and dosage	
Will the above medication(s) be needed during program hours?	Yes No If yes, please speak with the program director
Allergies (Include medication and life-threatening allergies such as bee stings)	
List and explain any physical disabilities or conditions (Ex: hearing, vision, speech, movement, etc.)	
Has your child been coded for a condition that we should be aware of in order to better work with him/ her? (Ex: ADD, ADHD, LD, etc.)	
Please list any known medical problems	

I, as parent or legal guardian, give my permission for my child to participate in the KidsPLAY Summer Camp program. I agree not to hold the Eliot Community Service Department, the Town of Eliot, Maine, its employees, instructors, administrators, and authorized volunteers liable in the event of an injury incurred as a result of my child's participation in the program. I understand the nature of the event and my child's involvement in the program. I authorize the Eliot Community Service Department to obtain any necessary medical evaluation and treatment. Notice is hereby given to any health care provider that the Eliot Community Service Department is fully authorized to obtain the necessary evaluation and treatment. I agree to abide by the refund policy, other policies and procedures of the Eliot Community Service Department. I have read and agree to the policies and procedures outlined in the program's Parent Manual.

**Office Use Only:** Date Paid: \_\_\_\_\_ Cash Amt: \_\_\_\_\_ Check # / Amt: \_\_\_\_\_  
Scholarship Amt: \_\_\_\_\_ Credit Amt: \_\_\_\_\_ From: \_\_\_\_\_ Folder: \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian's Signature Date

