FAIRFIELD RECREATION 2017 BUSY HANDS SUMMER CAMP
REGISTRATION FORM

(one form per child/per weekly session)

10:50am-12:35pm

CHECK ALL THAT APPLY:

ENTIRE 5 WEEK PROGRAM 6/23 – 7/28 ($175)	
WEEK 1: June 23-June 30 ($50)	
WEEK 2: July 5-July 7 ($30)	
WEEK 3: July 10-July 14 ($50)	
WEEK 4: July 17-July 21 ($50)	
WEEK 5: July 24-July 28 ($50)	
TOTAL FEE:	

PLEASE COMPLETE ALL FIELDS & PRINT CLEARLY

Child's Name: _____ M_____ F_____

Birthday: _____

Address: _____

Parent Names: _____

Preferred Phone #: _____

Parent E-Mail Address: _____

Emergency Contact Name: _____ Preferred Phone #: _____

Doctor's Name: _____ Phone#: _____

1. Is the child allergic to:

Bee stings	Y	N
Insect Bites	Y	N
Penicillin	Y	N
Aspirin	Y	N
Poison Ivy	Y	N

Particular Foods (please list):

Other Medications (please list):

_____

2. Has the child had/or is subject to:

Epilepsy	Y	N
Heart Trouble	Y	N
Convulsions	Y	N
Fainting Spells	Y	N
Asthma/Wheezing	Y	N
Fractures or dislocations	Y	N
Frequent Stomach	Y	N

Other Serious Illness (please list):

_____

3. Is the child under medical care for any illness? Y N

What medication (if any) is the child currently taking?_____

4. Has the child been immunized against:

M.M.R.(measles,mumps,rubella)	Y	N
D.P.T.(diptheria,pertussis,tetanus)	Y	N
Polio	Y	N
Hepatitis B	Y	N
Varicella (chickenpox)	Y	N

Date of last Tetanus Booster _____

5. Does the child wear eyeglasses? Y N

6. Should the child's activities be restricted in any way? Y N Please explain: _____

I declare the applicant named above has been examined by a physician and has been deemed physically able to participate in the 'BH Summer Camp' program. I understand that by signing this waiver, I agree not to hold the Fairfield Recreation Staff responsible for any accidents or Injuries suffered while participating in the 'Busy Hands' program. In case of emergency, I hereby give permission to the Fairfield Recreation Director or his/her Designee(s) to secure treatment for _____. I also give my consent for hospitalization, surgery, and treatment as is necessary for the welfare of my child.

_____ _____

Date Parent or Guardian's Signature

--------- ***FOR OFFICE USE ONLY***----------

____ Registration Form _____Birth Certificate Fee Paid_____ Check # _____ Cash ___ CC____ Received by: _____ Date: _____