

Child's Name: _____

Birthdate: _____ Sex: M F

Address: _____

City/State/Zip: _____

Phone: _____

Grade in the Fall: K 1 2 3 4 5 6 7 8
(Circle One)

1st Parent/Guardian Name

Home Phone	Work Phone	Cell Phone
E-Mail Address		

2nd Parent/Guardian Name

Home Phone	Work Phone	Cell Phone
E-Mail Address		

Emergency Contact

Name	
Address	
Phone	Relationship to Child

Emergency Contact

Name	
Address	
Phone	Relationship to Child

Medical Providers

Physician Name/Phone
Dentist Name/Phone

DAY CAMP PROGRAM - Please check which week(s) your child will attend:

Session I **Extended Care**

June 14th-June 18th AM PM Both

June 21nd-June 25th AM PM Both

Session IV **Extended Care**

July 26th-July 30th AM PM Both

August 2nd-August 6th AM PM Both

Session II **Extended Care**

June 28th-July 2nd AM PM Both

July 6th-July 9th AM PM Both

(Closed July 5th)

Session V **Extended Care**

August 9th-August 13th AM PM Both

August 16th-August 20th AM PM Both

Session III **Extended Care**

July 12th-July 16th AM PM Both

July 19th-July 23rd AM PM Both

Each camper is required to wear a group color-coded t-shirt daily:

Kindergarten - Blue
 1st Grade - Orange
 2nd Grade - Yellow
 3rd Grade - Red
 4th Grade - Green
 5th Grade - Purple
 Middle School - Grey

Mail to: **WGRC Day Camp Registration**
 P. O. Box 393
 Chesterland, OH 44026

Drop Off: **Nationwide Insurance at the**
 Playground World Plaza

Website: **www.wgrcsite.com**

LIST PEOPLE APPROVED TO PICK-UP CHILD

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

2010 Day Camp Registration/Medical Form Continued

Medical History

- Yes No Is the child on any medications? Explain:
 Yes No Will the child need to take these medications during a WGRC Program? If yes, please see the Director for a form.
 Yes No Does your child have any dietary restrictions? Explain:
 Yes No Does the child have any allergies? Explain:
 Yes No Does your child have a heart condition? Explain:
 Yes No Is your child prone to seizures or convulsions?
 Yes No Does your child have asthma? If so, does your child use and know how to use his/her own inhaler? Yes No
 Yes No Does your child have any physical or mental disabilities that would require special attention?
 Explain:
 Yes No Are there any other physical or behavioral conditions that may affect or limit full participation in camp activities?
 Explain:

Emergency Transportation (Complete only 1 or 2)

1. Give Permission to Transport

I give WGRC Day Camp my permission to have my child _____ transported to (Hospital) _____ or to Dentist (if applicable) for emergency dental care, or to the nearest source of assistance.

Parent/Guardian Signature

Date

2. Do not give Permission to Transport

I **do not** give WGRC Day Camp my permission to have my child _____ transported for emergency medical or dental care. In the event of a situation which requires emergency treatment, I wish the following action to be taken _____

Parent/Guardian Signature

Date

Waiver and Permission: I certify that I am a parent (guardian) of the child named above. In that capacity, I give permission for the child to participate in the above named program(s) of the West Geauga Recreational Council (WGRC). I also save and hold harmless the WGRC and its employees and volunteers from and against all claims arising out of damage to property or injury to person(s) associated by his or her negligence or failure to follow instructions of the program personnel. My child is covered by our _____ family or _____ school insurance (please check one).

The West Geauga Recreational Council (WGRC) reserves the right, at its sole opinion and discretion to suspend or terminate, without refund, the participation of any person enrolled in any WGRC program, for any unruly or disruptive behavior on behalf of the participant, any parent or spectator, deemed by the WGRC to be detrimental to the orderly operation of any of its programs. ***Campers must respect others and use appropriate language or be subject to removal.

Photo Authorization: I hereby authorize the WGRC, its agents and employees to use the photographic image or likeness of the registered child for the use and benefit of the WGRC in its publications, marketing and promotional materials.

Field Trip Permission: I give permission for my child registered at the WGRC Day Camp to take all field trips that may be arranged during summer camp. The Camp Director will send home with my child information about each field trip including destination, date, times, transportation and requirements prior to the field trip. Children are required to wear a WGRC Day Camp t-shirt on all field trips.

I understand that if my child is not registered for extended care and arrives at camp prior to 8:55am or is not picked up by 3:10pm he/she will be sent to Extended Care and I authorize WGRC personnel to charge on my credit card at the drop-in rate.

X _____

Signature of Parent or Guardian

Date

Credit Card to be charged for extraneous costs or unpaid sessions: MC _____ VI _____ Acct # _____