

**Greene County Department of Recreation**  
**Bobtown Day Camp Registration 2019**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

M/F \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye color \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**\*Birth Certificate may be required for proof of age**

Please list any medical conditions and/or medications that the Day Camp staff may need to be aware of: \_\_\_\_\_

Please list any allergies that your child has including any food allergies: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I give my child permission to participate in all Day Camp activities and use the pool facilities/water activities under Day Camp supervision.

Signature \_\_\_\_\_ Date \_\_\_\_\_

My child has my permission to be transported from Nineveh Camp Site to Lion's Club Park daily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child's photo to be taken at Day Camp by persons authorized by the Greene County Department of Recreation to do so for the benefit and promotion of the camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: The Recreation Dept. may be taking a photo of each registered child to be used for safety issues, daily identification and counselor assignment.**