

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

- Sign in time 9:40AM-Programs start promptly at 10AM

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 under Day Camp supervision. If an injury should occur while my child is attending Day Camp, I do not hold the County of Greene liable for such an occurrence.

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

During Day Camp, the local newspapers and the Recreation Dept will be available to take pictures during Day Camp events. I give my permission to have my son or daughters picture taken and possibly published for these events.

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.**