

# Greene County Department of Recreation Jefferson 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 under Day Camp supervision.

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

My child has my permission to be transported from Jefferson Twp Park to Wana B Park each morning for all activities.

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.**