

Greene County Department of Recreation

Mon View 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 # _____
2nd 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, including use of the pool and roller rink 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.

