

Greene County Department of Recreation
Nineveh Day Camp Registration 2019

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 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.

