

MEDICAL HISTORY

All questions must be answered. Questions 1-6 are to be completed by your child's physician, with the M.D.'s Signature or M.D. Office Stamp. Questions 7-12 should be answered by a legal guardian.

LAST NAME	FIRST NAME	DATE OF BIRTH	SEX
ADDRESS	HOME TELEPHONE	PARENTS BUSINESS TELEPHONE	
SCHOOL	GRADE (entering in Sept. '18)	HEIGHT/WEIGHT	

ALL CHILDREN ATTENDING DAY CAMP MUST HAVE AN IMMUNIZATION RECORD WHICH IS UP TO DATE.

THIS SHOULD INCLUDE THE FOLLOWING (Please have your Doctor list the dates.)

INOCULATION:

DATE OF SHOT

- | | |
|--|----------------|
| 1. Four or more doses of Diptheria/Tetanus Toxoid | ___/___/___ |
| 2. Three or more doses of Oral Polio vaccine or four or more doses of inactive Salk Polio Vaccine given after 1968 | ___/___/___ |
| 3. One dose of live Measles Vaccine given after 1 year of age | ___/___/___ |
| 4. One dose of live Mumps Vaccine given after 1 year of age | ___/___/___ |
| 5. One dose of live Rubella Vaccine given after 1 year of age | ___/___/___ |
| 6. Is the child taking any prescribed medication | YES ___ NO ___ |
| Will the child be taking the medication during the camp day? | YES ___ NO ___ |
| Give Details _____ | |

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S ADDRESS _____

- | | |
|---|----------------|
| 7. Has your child had any recent operation or injury?
If yes, please explain _____ | YES ___ NO ___ |
| 8. Has your child been exposed to any communicable disease?
Within the last 3 weeks? | YES ___ NO ___ |
| 9. State food which your child is allergic to, if any _____
State drug which your child is allergic to, if any _____
Is your child allergic to insect or bee bites? | YES ___ NO ___ |
| 10. Is there any emotional or physical disturbance?
If yes, what treatment or care has been given _____ | YES ___ NO ___ |
| 11. Do you want your child to participate in our Swim Program?
Level of swim ability: Beginner Intermediate Advanced | YES ___ NO ___ |
| 12. Is there any reason why your child may not participate in any activities?
If yes, please indicate & explain _____ | YES ___ NO ___ |

I hereby authorize my child whose name appears above to participate in the above program sponsored by the Town of Pelham and the Recreation Department. I hereby release the Town of Pelham and the Pelham Public Schools and the Board of Education, their servants and employees from any liability for personal injuries or property damage sustained by my child, in connection with such participation. In case of injury, I authorized a Recreation Staff member to take my child to the hospital for treatment.

Signature of Parent or Guardian _____ Date _____

DAY CAMP GROUPS

Campers will be assigned to a group according to age. Camp groups will have a child to staff ratio of approximately 8-1. This ratio has proved most successful in providing, counselor-camper rapport, peer relationships; and for the diversification of activities.

ILLNESS & EARLY DISMISSAL

Attendance will be taken each day. If your child needs to leave early, a note must be sent to the Director.

LOST & FOUND

Day Camp has a "Lost & Found". If your child has lost something, inform the counselor, who will check for you. Be sure to label all personal belongings.

LUNCH

Campers are required to bring a bag lunch each day. Water is available to campers all day long.

RAINY DAYS

A complete rainy day schedule is planned.

PROGRAM FEES

June 25th-Aug 10^h \$350.00 PER WEEK

***Early Bird Specials:**

\$300.00 per week

\$1,800.00 for 7 weeks

***Must Register and Pay in full by May 24, 2018**

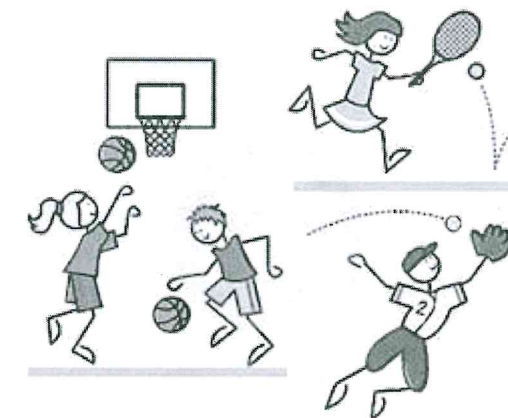
NOTE: No refunds will be issued for the Day Camp.

Looking for a fun filled day, attend our Sports Clinic in the morning and Day Camp in afternoon. Receive \$50 off Clinic Fee of \$150.00. Must sign up for full week of Day Camp and Clinic (Transportation from Clinic to Camp Included). Summer Clinics: Basketball, Boys Soccer, Girls Soccer, Boys Lacrosse, Girls Lacrosse, Field Hockey, Track & Field, Football & Volleyball

Please call the Recreation Office at 738-0153 regarding any concerns. Cooperation between staff and home will result in a better experience for the children.

All camp locations are subject to change due to school availability.

PELHAM RECREATION SUMMER DAY CAMP



2018

June 25th - August 10th

9:00AM-4:00PM