

Registration and Emergency Medical Information

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address : \_\_\_\_\_ Circle your T-shirt size: YS YM YL AS AM AL AXL

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Who will drop child off? \_\_\_\_\_ Who will pick child up? \_\_\_\_\_

Cell phone #'s of drop off and pick up individuals \_\_\_\_\_

Camp begins at 9:00 A.M. and will conclude at 3:00 P.M.

Registration fee is \$25.00. Make checks payable to: Crawford SWCD, 3111 State Route 98, Bucyrus OH 44820

Personally identifiable information collected on this form will be used to best handle any emergency medical situations that may occur. This information will not be released without permission and will be retained only for the duration of day camp.

Parent to contact in case of emergency:

	Telephone
_____	Home ( ) _____
	Work ( ) _____
Name	Cell ( ) _____

If there is no answer, call: (name of secondary contact and relationship)

	Telephone
_____	Home ( ) _____
	Work ( ) _____
Name	Cell ( ) _____

If emergency medical attention is needed, your child will be taken to Bucyrus Community Hospital, as it is the closest care center:

List any physical/medical conditions or food allergies that Crawford Soil and Water Conservation District needs to be aware of:

\_\_\_\_\_

List any medication your child is currently taking:

(All medications will need to be taken before attending camp; day camp staff will not be responsible for administrating these)

Medication:	Condition:
_____	_____

I give permission to Crawford SWCD to use my child's photo for promotional purposes including but not limited to news releases, Crawford SWCD web site and Facebook or newsletters.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_