

2011 EAGLE RIVER VACATION CAMP ENROLLMENT FORM

Eagle River Day Camp • 1470 Perrineville Road • Monroe Township • New Jersey 08831

609-448-5885 • 609-448-0029 FAX

Parents' Names _____

Parents' Home Address _____

Parents' City, State, Zip Code _____

Home Phone _____

Mother's E-mail Address _____

Father's E-mail Address _____

Mother's Daytime Phone _____ Father _____

Mother's Cell Phone _____ Father _____

FOR OFFICE USE ONLY	
Date Rec'd	_____
Tuition	_____

Total	_____
Amt Paid	_____
Balance Due	_____

CHILD 1

CHILD 2

CHILD 3

First Name _____

Last Name _____

Birth Date _____

Male / Female _____

Grade in **September 2012** . _____

Check Days Attending

Monday, Dec. 26 \$60

Before Care 7-9am \$10

After Care 4-6pm \$10

Tuesday, Dec. 27 \$60

Before Care 7-9am \$10

After Care 4-6pm \$10

Wednesday, Dec. 28 \$60

Before Care 7-9am \$10

After Care 4-6pm \$10

Thursday, Dec. 29 \$60

Before Care 7-9am \$10

After Care 4-6pm \$10

Friday, Dec. 30 \$60

Before Care 7-9am \$10

After Care 4-6pm \$10

Total Due: \$ _____

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PAYMENT OPTIONS

CHECK ENCLOSED AMERICAN EXPRESS VISA MASTERCARD DISCOVER in the amount of \$ _____

Card Number _____ Expiration Date _____

Name on the Credit Card _____ 3-Digit CCV code on back of card _____

Address and Zip Code of Card Holder _____

Signature (must be signed) _____ Date _____

VACATION CAMP ENROLLMENT AUTHORIZATION

- ▶ I have read this Enrollment Form and agree to abide by and be bound by all the Terms and Conditions on the form.
- ▶ Directors reserve the right to deny, cancel, sever or suspend a child's enrollment if deemed in the best interest of the camper or camp.

Date _____ Signature (must be signed) _____

IN AN EMERGENCY PLEASE NOTIFY: We will always attempt to contact the parents first. Please provide the names of emergency contacts (other than a parent) who are close to camp and available during the day.

Name _____ Name _____
Address _____ Address _____
Relationship _____ Relationship _____
Phone: Home _____ Other _____ Phone: Home _____ Other _____

ALLERGIES: (indicate which child this information refers to. Attach additional paper if necessary.)

- This person has no known allergies.
 This person is allergic to Food Medicine The environment (insect stings, hay fever, etc.) Other
Please describe below all known allergies, the reaction seen and management of the reaction.

MEDICATION: Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Medications to be dispensed at camp must be supplied in the original packaging that identifies the patient, medication, dosage, frequency, and prescribing physician. Medications must not be expired. Attach additional pages for more medications. Please check one of the two boxes below: (indicate which child this information refers to. Attach additional paper if necessary.)

- This person takes NO medication on a routine basis.
 This person takes medication as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

HEALTH CONCERNS: Are there any special health conditions/concerns that could help us better serve your child? (indicate which child this information refers to. Attach additional paper if necessary.)

MEDICAL INSURANCE INFORMATION: Yes No This person is covered by family medical / hospital insurance.

Include a copy of your insurance card if appropriate; copy both sides so information is readable.

Insurance Company _____ Policy Number _____

Subscriber Name _____ Insurance Company Phone # () _____

PARENT'S MEDICAL AUTHORIZATION AND PERMISSION TO PROVIDE EMERGENCY CARE

This Enrollment Form is correct and accurately reflects the health status of the person to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I understand that part of the camp experience involves activities and interactions that may be new to my child. These come with certain risks and uncertainties beyond those my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them. In the event I cannot be reached in an **EMERGENCY**, I hereby give permission to the medical personnel selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this person. I understand that the information on this form will be shared on a "need to know" basis with camp staff. I agree to the release of any records necessary for evaluation, treatment, referral, billing or insurance purposes. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of this person's health record from providers who treat my child and these providers may talk with the program staff about my child's health status.

- ▶ Permission is granted to release my address and phone number to other campers in my child's group for socializing.
- ▶ Permission is granted for photos and/or video to be taken of my child. Eagle River Day Camp has the right to utilize these in camp brochures, electronic, video, print or display materials.
- ▶ Any dispute concerning, relating, or referring to this contract, any representation concerning my child's camping experience, or the camping experience itself shall be resolved exclusively by binding arbitration in Middlesex County, New Jersey, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

Parent or Legal Guardian's Signature

Witness

Date

Applicant's Signature (if over 18)