

A decorative border of ice cream cones surrounds the text. The cones are arranged in a rectangular frame, with the top and bottom edges being solid lines of cones, and the sides being dashed lines of cones.

FORT PLAIN YOUTH RECREATION

SUMMER PROGRAM 2018

Harry Hoag Elementary School

Tuesday, June 26 – Friday, August 3, 2018

9 am - noon, 12:30 pm- 3:30 pm

REGISTRATION:

June 20 & 21, 2018

Harry Hoag Elementary School

5-7 pm or anytime during program

CURRENT IMMUNIZATION RECORDS REQUIRED AT TIME OF
REGISTRATION.

You may contact Sandra Falk, Coordinator at

518-993-3127 if you have any questions.

Registration Fee:

\$40 – 1 child

\$50 – 2 children

\$10 – each additional child

Camp Health Form available on website – other forms to be
filled out at Registration

Immunization on File Yes / No

Paid: Yes / No

Amount Paid: _____

Camp Health Form
Fort Plain Youth Recreation

Name of Camper: _____ Sex: Male / Female

Date of Birth: _____ Age _____ Grade entering in September _____

Ethnicity (Required by New York State and Montgomery Co)

White _____ Black or African American _____ Hispanic or Latino _____ American Indian _____

Alaskan Native _____ Asian _____ Native Hawaiian or other Pacific Islander _____ Two or more races _____

Parent/Guardian _____ Home Phone _____

work / cell phone _____

Address _____ City _____ State _____

If Parent/Guardian is not available in an emergency, notify:

1. _____
Name _____ relationship to child _____ Home phone _____

_____ Address _____ Work / Cell Phone _____

2. _____
Name _____ relationship to child _____ Home Phone _____

_____ Address _____ Work / Cell phone _____

Name of siblings attending Summer Rec: _____

Health History: Please check if your child has or has had any of the following (give dates if known)

Seizures _____ Diabetes _____ Asthma _____ Allergies _____ ADD/ADHD _____ Chicken Pox _____

Recent operations or injuries (dates) _____

Chronic Recurring Illness: _____

Other Diseases or Details of above _____

Are there any medications that need to be taken during camp hours? Yes / No

If yes what/when is the medication taken? _____

Is the medication only taken under certain circumstances? _____

Hospital Preference _____

Child's Doctor _____ Doctor Phone Number _____

Parent Authorization: This health history is correct as far as I know and the person herein described has permission to engage in all camp activities unless noted by me. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp directors to secure proper treatment (whatever that may consist of to help my child) for the child named above.

Special arrangement for child: (Custody, etc) _____

Parent Signature _____ Date _____