

UPPER MERION PARK & RECREATION SUMMER CAMP EMERGENCY/MEDICAL FORM

ALL INFORMATION MUST BE PRINTED CLEARLY; ONE PER PARTICIPANT

HOW TO REGISTER: Cash, check ("Upper Merion Township"), or accepted credit card. 1) Mail form and payment to Upper Merion Park & Recreation, 175 West Valley Forge Road, King of Prussia, PA 19406. 2) Hand deliver form and payment to Park & Recreation Office 3) Fax form with credit card information to 610-265-6415. **REFUNDS/CREDITS:** See Important Information for our refund and credit policy.

DAY CAMP INFORMATION

Camp Name/Location: _____ Session Code: _____ Weeks: _____ Fee\$ _____

Camp Name/Location: _____ Session Code: _____ Weeks: _____ Fee\$ _____

CAMPER INFORMATION

Participant's Last Name _____ First Name _____

Age as of first day of camp _____ Birth Date ____/____/____ Sex: Male / Female T-Shirt (ADC One Only): YS / YM / YL / YXL / AS / AM / AL / AXL

Address _____
Street _____ City _____ Zip _____

Home Phone _____ - _____ - _____ Email _____

FAMILY AND CONTACTS

Mother/Guardian _____ Work _____ - _____ - _____ x _____ Cell _____ - _____ - _____ Child resides with this person: Yes / No

Father/Guardian _____ Work _____ - _____ - _____ x _____ Cell _____ - _____ - _____ Child resides with this person: Yes / No

Emergency Contact _____ Phone _____ - _____ - _____

Individuals that are permitted to pick-up participant from camp :

1) _____ 2) _____ 3) _____

HEALTH INFORMATION

Insurance Company _____ Group# _____ Policy # _____

Medication (only dispensed with doctor's orders): _____ Last Tetanus ____/____/____

Special needs for your child: _____

Doctor _____ Phone _____ - _____ - _____ Preferred Hospital _____ Phone _____ - _____ - _____

RELEASE

- I grant permission for a licensed physician and hospital to provide emergency care for the above-mentioned individual. Ambulance cost is my responsibility.
- In cases of accidents, I release Upper Merion Township from all claims to personal injury and property damage which may result from participation in the above trips, activities, camps, and other programs.
- The participant will abide by all rules and regulations set forth by Upper Merion Parks & Recreation relating to participation in the above trips and activities, including Upper Merion Area School District rules and regulations pertaining to illegal drugs, weapons, and smoking.
- As an adult/ parent/guardian, I am responsible for all transportation to and from the activity or bus pick-up point. I have read and understood, and agree to the above items.

Participant / Parent / Guardian Signature _____ Date _____ Receipt Number _____

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date ____/____ Security Code _____

