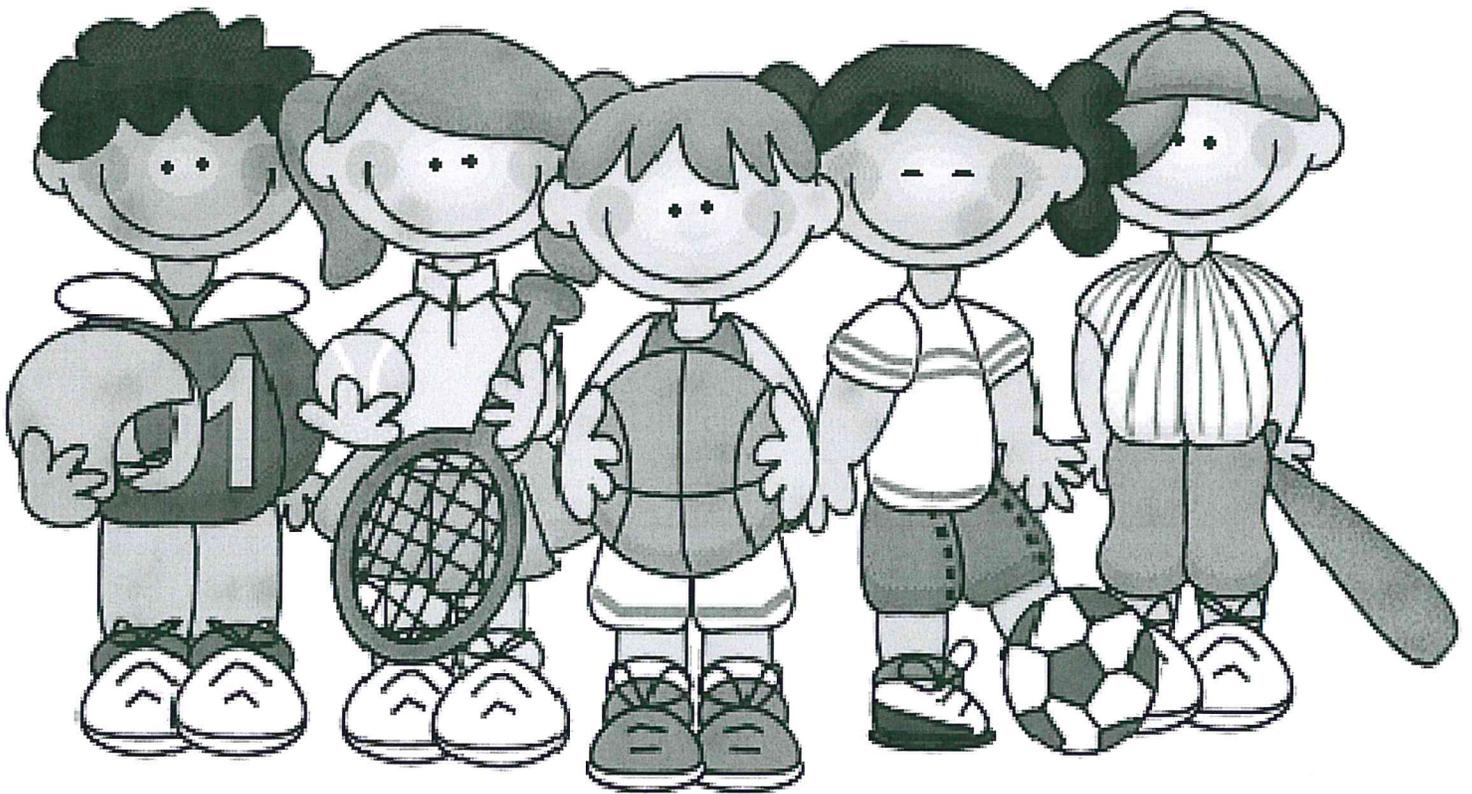


Township of Derry

Department of Parks and Recreation

# Summer Day Camp



## Enrollment Application

## SUMMER DAY CAMP ENROLLMENT APPLICATION

*The Township of Derry, in determination of eligibility of admission of any participant, does not discriminate on the basis of race, sex, religion, creed, color or national origin.*

CHILD'S NAME \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(K - 6) (5 - 11)

PHONE \_\_\_\_\_ Drop-off Time \_\_\_\_\_ Pick-up time \_\_\_\_\_

ADDRESS \_\_\_\_\_ TWP/BORO \_\_\_\_\_

Mother's Name (Legal Guardian) \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

Mother's Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name (Legal Guardian) \_\_\_\_\_ Father's Email Address \_\_\_\_\_

Father's Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact Person(s) :

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Person(s) To Whom Child May Be Released

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Child's Physician / Medical Care Provider:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Special Disability** (if any) \_\_\_\_\_

**Allergies** (Including Medication Reaction) \_\_\_\_\_

**Medical or Dietary Information Necessary in an Emergency Situation** \_\_\_\_\_

**Medication / Special Conditions** \_\_\_\_\_

**Additional Information on Special Needs of Child** \_\_\_\_\_

**Health Insurance Provider and Policy # (Required)** \_\_\_\_\_

**Pictures May be taken of Child** (please circle one) Yes No \_\_\_\_\_ Please Initial for Consent

### Parent's Signature is Required for Each Item Below:

\_\_\_\_\_  
*Obtaining Emergency Medical Care*

\_\_\_\_\_  
*Administration of Minor First Aid Procedures*

\_\_\_\_\_  
*Walks and Trips*

\_\_\_\_\_  
*Swimming*

\_\_\_\_\_  
*Transportation for Field Trips provided by Contracted Bus Company*

\_\_\_\_\_  
*Wading*

\_\_\_\_\_  
*Sunscreen*

**PARENTAL CONSENT AND WAIVER OF LIABILITY  
(Required by State Regulations)**

Township of Derry  
Department of Parks & Recreation  
605 Cocoa Ave.  
Hershey, PA 17033  
(717) 533-7138

**WRITTEN CONSENT IS GIVEN FOR:**

*Please initial those items for which you give consent:*

- \_\_\_\_\_ EMERGENCY MEDICAL CARE
- \_\_\_\_\_ TRANSPORTATION BY HERSHEY EMS IN AN EMERGENCY
- \_\_\_\_\_ FIELD TRIPS
- \_\_\_\_\_ TRANSPORTATION OR WALKING FOR FIELD TRIPS
- \_\_\_\_\_ SWIMMING ACTIVITIES
- \_\_\_\_\_ PICTURES FOR NEWSPAPERS
- \_\_\_\_\_ FIRST AID CARE

**WAIVER OF LIABILITY AND ACKNOWLEDGMENT**

I (we) hereby attest that the information provided in the Summer Day Camp Enrollment Application is complete and accurate to the best of my (our) knowledge;

I (we) furthermore give my (our) consent for the items checked; and

I (we) hereby waive any claims for bodily injury, property damage, or other liability against the Township of Derry and the Derry Township School District, and their respective agents, servants, and / or employees while my / our child is participating in the Township Recreation program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\* BOTH PARENTS ARE REQUIRED TO SIGN IF CHILD RESIDES WITH BOTH PARENTS  
OR IF PARENTS HAVE JOINT CUSTODY OF THE PARTICIPANT.**