TOWN OF CORNWALL SUMMER PLAYGROUND CAMP PROGRAM
2022 REGISTRATION FORM

SESSION #1 (7/5 - 7/22): _____ SESSION #2 (7/25 - 8/12): _____

CHILD'S NAME: _____ DATE OF BIRTH: _____AGE: _____
FIRST MI LAST

ADDRESS: _____
STREET TOWN ZIP

TELEPHONE #: _____ GRADE ENTERING IN SEPT. _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

ANY DISTINGUISHING MARKS/CHARACTERISTICS: _____

PARENT/GUARDIAN NAME: _____ #: _____
DAYTIME TELEPHONE

EMAIL ADDRESS: _____

PERSON TO CONTACT IN AN EMERGENCY: _____

(IF YOU CANNOT BE REACHED) RELATION TO CHILD

DAYTIME TELEPHONE #_____

CHILD'S MEDICAL HISTORY: (PLEASE CHECK ONE OF THE FOLLOWING)

_____ MY CHILD HAS NO KNOWN MEDICAL CONDITION THAT THE CAMP DIRECTOR AND CAMP MEDICAL STAFF SHOULD BE ADVISED OF.

_____ MY CHILD HAS ONE OR MORE MEDICAL CONDITIONS THAT THE CAMP DIRECTOR AND CAMP MEDICAL STAFF SHOULD BE ADVISED OF. ***** PLEASE FILL OUT THE MEDICAL QUESTIONAIRE *****

HOW WILL YOUR CHILD BE TRANSPORTED TO CAMP? **(PLEASE CIRCLE ANY THAT APPLY)**

WALKING BIKE DRIVEN BY PARENT/GUARDIAN CAR POOL

MY CHILD HAS MY PERMISSION TO WALK WITH THE CAMP GROUP TO THE TOWN POOL ON TUESDAYS AND THURSDAYS DURING SUMMER PLAYGROUND.

_____ _____
DATE SIGNATURE OF PARENT/GUARDIAN

I, _____, THE PARENT/GUARDIAN OF THE ABOVE-NAMED CHILD, GIVE MY APPROVAL TO HIS/HER PARTICIPATION IN ALL TOWN OF CORNWALL SUMMER RECREATION PLAYGROUND ACTIVITIES. I GUARANTEE THAT THE ABOVE STATED INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ANY FEES PAID TO THE CAMP FOR REGISTRATION, AS WELL AS ANY FEES PAID FOR TRIPS, ARE NON-REFUNDABLE. (IF TRIPS ARE CANCELLED AND NOT RESCHEDULED, THE FEES ARE REFUNDABLE.)

CAMP T-SHIRT SIZES: (**CIRCLE ONE)**

CHILD SIZES:	SMALL	MEDIUM	LARGE	X-LARGE
ADULT SIZES:	SMALL	MEDIUM	LARGE	

_____ _____
DATE SIGNATURE OF PARENT/GUARDIAN

CASH _____ CHECK # _____ AMOUNT PAID _____