

Cedar Grove Neighborhood Association Camp Registration Form

Camper Name: _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Daytime Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact

First Name _____ Last Name _____ Home Phone _____ Daytime Phone _____
Cell Phone _____ Email _____ Relation to child _____

Alternate Pickup/Release

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

First Name _____ Last Name _____ Home Phone _____ Daytime Phone _____
Cell Phone _____ Email _____ Relation to child _____

First Name _____ Last Name _____ Home Phone _____ Daytime Phone _____
Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, Allergies).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes, __ No__ If yes, explain: _____

Is your child allergic to any type of food, bee stings or medication?

Yes, __ No__ If yes, explain: _____

Does your child require a special diet?

Yes, __ No__ If yes, explain: _____

Does your child have any physical disabilities?

Yes, __ No__ If yes, explain: _____

Does your child any learning differences or special needs?

Yes, __ No__ If yes, explain: _____

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_____In the event of an accident or medical emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

SUMMER CAMP FEE & PAYMENT

Summer camp tuition fee is \$100. The camp fee is due at the time of registration. Payments may be made by check or cash. No forms for electronic payment are accepted.

Photo Release

I hereby give permission for my child to be photographed during the **Cedar Grove Neighborhood Association Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Cedar Grove Neighborhood Association Camp and its affiliates.

Parent’s/Guardian’s Initials _____

The Cedar Grove Neighborhood Association Camp and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that **no fees will be refunded or transferred**.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

APPLICATON DEADLINE FOR SUBMISSION WITH PAYMENT IS JUNE 5, 2026. ENROLLMENT IS ON FIRST COME FIRST SERVED BASIS AND NO SLOTS WILL BE HELD WITHOUT PAYMENT.