

Summer Day Fun Application

Part 1

Child's Name: _____
last first middle initial

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Permanent Address (if other than above) _____

City: _____ State: _____ Zip: _____

Home Phone _____

Sex: ☐ Male ☐ Female Ethnicity (optional): _____

Age: _____ Birth date: _____ Grade your child will be in the fall: _____

***The following people will be authorized to pick-up the above child from Camp. (Must be 18 or older)**

Mother/Guardian Name: _____

Mother's Daytime Phone: _____ Mother's Cell Phone: _____

Email Address: _____

Father/Guardian Name: _____

Father's Daytime Phone: _____ Father's Cell Phone: _____

Email Address: _____

Other person(s) authorized to pick-up: _____

Other Person's Daytime Phone: _____ Other Person's Daytime Phone: _____

Child lives with; ☐ both parents ☐ mother only ☐ father only

☐ Other _____

In Case of Emergency (if parents cannot be reached), please provide TWO contacts other than parents. (Must be 18 or older)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

HEALTH INFORMATION

Part 2

Child's Physician Name: _____ Phone: _____

Insurance Company _____ Insurance Information :(ID Number) _____
Group# _____

Date of last tetanus or DPT shot (required by law) Month/Year: _____

Participant has Allergies: Yes ☐ No ☐

Please list all food allergies and other health issues pertaining to camper that the summer camp staff should be made aware of. (Add separate sheet if not enough space.)

Does camper currently take medication? Yes ☐ No ☐ If yes, please attach prescription information stating dosage, time(s) etc.

Does participant require special health care? If yes, please explain. (i.e., inhaler, etc.)

Has participant had seizures? Yes ☐ No ☐

Medication for seizures? If, yes name the medicine and usual treatment.

Medication:

Date of last seizure:

Treatment:

A medication Authorization Form is required in advance for any medication (including non-prescription) to be distributed.

Please attach any additional information if needed.

**Registration Fee of \$25.00 is Non-Refundable; Camp must be paid in full before starting camp.
Registration fee will not go towards camper's camp fee.**

Total Amount Enclosed \$_____ Payment plans can arranged but all fees must be paid for by June 9, 2023. For more information please call the District Heights Recreation Department at 301-336-5633.

I hereby grant permission for my child to attend the activities sponsored by The District Heights Recreation and Culture Center during the summer camp in large and small groups (i.e. field trips). I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, The District Heights Recreation Center will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to The District Heights Recreation and Culture Center use of any photographs and/or video tapes made of this summer program.

PARENT SIGNATURE: _____ DATE: _____

☐ I have provided a copy of my child's photo.

Camper Photo Here