

## Fitch Camp Student Registration Form

+This form MUST be completed and turned in to the school office or to a camp staffer BEFORE a camper is eligible to attend.

I plan to have my child attend E. Root Fitch Memorial Day Camp,  
and to participate in camp activities during the 2016-2017 camp season.

Camper's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ \*School \_\_\_\_\_  
\*Home Phone \_\_\_\_\_ \*Grade Completed as of 6/17 \_\_\_\_\_  
Address \_\_\_\_\_  
\*Parent's Work Phone \_\_\_\_\_ \*Cell Phone \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY CONTACTS

	NAME	PHONE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____

### HEALTH ALERTS

\_\_\_\_\_

In an emergency, I hereby give my permission to the physician or hospital selected by the camp director, or his designee, to hospitalize, provide medical treatment, anesthesia, or surgery for my child, as needed.

\_\_\_\_\_

Signature of parent/guardian                      Date

++Please note what you believe to be the swimming level of your child, and whether or not you would prefer they take swimming lessons with us:

\_\_\_Beginner      \_\_\_Intermediate      \_\_\_Advanced

Should your child take lessons as provided? \_\_\_Yes \_\_\_No

Briefly describe any swim lessons or experience your child has already had:

\*\* \_\_\_ additional people (not including camper) will attend the family luncheon

on July 12 \_\_\_ (Mon./Wed. kids) or July 13 \_\_\_ (Tues./Th. kids)