

MoMH SUMMER CAMP

Program & Enrollment Information

Facility Name	Program Name	Season / Year
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Youth Participant Information

First and Last Name						Date of Birth				Age			
Residential Address						City				Zip			
Primary Language Spoken at Home						Gender		Is the participant of Hispanic, Latino, or Spanish Origin?				Yes	No
Race (circle one)		Black/ African American		White/ Caucasian		Asian		American Indian/ Pacific Islander		Multi-racial			
Home Phone			Cell Phone			Email							
School Name						Student ID Number							
Grade (circle one)													
K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	
Shirt Size (circle one)													
Child's Small		Child's Medium		Child's Large		Adult Small		Adult Medium		Adult Large		Adult X-Large	Other

Parent, Guardian and Emergency Contact Information

Contact 1				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				
Contact 2				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				
Contact 3				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				
Contact 4				Check all that apply		
First & Last Name		Relationship		Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address		Phone				

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Dismissal

By signing below, I will allow my child to walk home by themselves.

Signature of responsible party

Relationship

Date

Emergency Clause

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the Philadelphia Parks & Recreation to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.

Signature of responsible party

Relationship

Date

Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of Philadelphia Parks & Recreation in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit.

Signature of Responsible Party

Relationship

Date

Staff Alerts

Please list any behavioral problems, diet restrictions, medical conditions, or any other important information for our staff to know.
