

# 2024 Camper Registration Form

<i>For office use only</i>	REFERRAL SOURCE _____
Received _____	
Entered into system _____	Agency _____
Deposit _____	Contact _____
Tuition Paid _____	Called _____

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN AND SUBMITTED WITH PAYMENT AND OTHER REQUIRED DOCUMENTS BEFORE REGISTRATION WILL BE ACCEPTED. THE PERSON REGISTERING THIS CAMPER IS RESPONSIBLE FOR MAKING ALL PAYMENTS.

**PLEASE USE ONE FORM PER CHILD.**

Camper's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Age as of 6/25/24 \_\_\_\_\_  
Camper Gender \_\_\_\_\_ Biological Sex \_\_\_\_\_

Primary Parent / Guardian Name (First & Last Name) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_

Secondary Parent / Guardian Name (First & Last Name) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_

Camper is in the custody of: \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_\_\_

*\*If special custody arrangements exist, please express in writing and provide documentation*

Name of Person Registering This Camper If Other Than Parent/Guardian

\_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## Camper Emergency Contact Information

Name \_\_\_\_\_  
Relationship to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to camper \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

# 2024 Camper Registration Form

Camper Name: \_\_\_\_\_

**Enrollment**

**A \$50 NON-refundable deposit is due at the time of registration and will be applied toward the full balance.**

**Payment must be made by the Thursday prior to a session's start date.**

**(Ex: Payment is due before 7/4 to attend on 7/8)**

**You child will not be allow to attend unless payments are up to date.**

**It is not the responsibility of the camp to remind parents/ guardians that payment is due.**

	DAY COST (9 AM- 5 PM)	BEFORE CARE (8:00 AM - 9 AM)	AFTER CARE (5 PM - 6PM)	BOTH CARE (8 AM- 6 PM)
	\$220	+\$30	+\$30	+\$60
SESSION 1: July 8 - July 13, 2024				
SESSION 2: July 15 - July 19, 2024				
SESSION 3: July 22 - July 26, 2024				
SESSION 4: July 29 - August 2, 2024				
SESSION 5: August 5 - August 9				
SESSION 6: August 12 - August 16				

**FREE breakfast, lunch, and provided to all campers!**

## 2024 Camper Registration Form

### Medical Insurance

Physician Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Medical Insurance

Name of Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

*Please attach a photo copy of the front and back of all insurance cards to this form.*

### In the Event of an Emergency Authorization

I hereby give permission to the medical personnel selected by Braeside Camp to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached, I hereby give permission to the physician selected by Braeside Camp to hospitalize, secure proper treatment for and to order injection and /or anesthesia and/or surgery for my child as named above. This form may be photocopied for use off of property. I also give permission for routine medical care for my child by Braeside Camp.

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Parent/Guardian signature

Date

# 2024 Camper Registration Form

## Medications

Name of Camper: \_\_\_\_\_

If your child should become ill or injured at camp, the medical director has the following:

Tylenol	Ibuprofen	Benadryl
Aspirin	Ivy rest (for poison ivy)	Robitussin
Eye drops	Neosporin (antibiotic cream)	Throat spray/Cough drops
Vaseline/Dry skin cream	Hydrogen peroxide	Hydrocortisone cream
Ear-Dry	Bacitracin ointment	Bactine
Isopropyl alcohol	Antiseptic wipes	Calagel/Calamine lotion

**If you do not want your child to have any of the above, please draw a line through it and initial.**

This form serves as your consent for the child to self-administer the above medications if needed during camp.

If your child has been prescribed medications, fill list them below. It is the responsibility of the parent/ guardian to refill all prescriptions. As a day camp it is recommended that medications be left at camp while your child is enrolled. This avoids the chance that medication is forgotten. This can be obtained from your pharmacy.

All prescribed medications must meet the following criteria:

- Medications must be in their original containers.
- All medications must be labeled correctly (no damaged labels):
- Complete name of patient.
- Date prescription filled.
- Expiration date.
- Directions for use/precautions (if any)/storage (if any).
- Name and address of dispensing pharmacy.
- Name of physician prescribing medication.

Prescribed medications not following the above criteria will not be accepted by the medical director. If you have over-the-counter medications that your child takes on a regular basis, please include written authorization for the child to take such medication below or on the back of this page and ensure that the medication is in its original container and is correctly labeled. .

Please note that all medications must be checked in and locked away inside the Infirmary.

PRESCRIPTIONS/OTHER MEDICATIONS:

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\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## 2024 Camper Registration Form

### Authorizations

#### CONSENT TO TREAT A MINOR TEMPORARILY SEPARATED FROM PARENTS/GUARDIANS

I/We, the undersigned, parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize Braeside Camp as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and surgeon on the staff of, or engaged by, Hospital selected by Braeside Camp, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his best judgment may deem advisable.

In consideration of the treatment to be rendered to the aforementioned minor, we do hereby release the Hospital and any physicians acting in connection or in conjunction therewith from any and all liability for failure of the parent to be specifically present and specifically consent to the treatment rendered to the aforementioned minor, so long as treatment is rendered in good faith and in the considered judgment of the physician and/or hospital as necessary and indicated under the circumstances.

This authorization shall remain effective until September 1, 2024.

Camper Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

#### RELEASE FROM LIABILITY

*I give permission for my child to participate in any activities, and I recognize that there are inherent risks in most camp activities.*

*In the case this application should be granted and said child be admitted to Braeside Camp, I do hereby individually, and on behalf of said child, agree to save the committee conducting Braeside Camp and each and every Official connected therewith, harmless as against any and all claims which either I or the said child might have because of injuries, accidents or sickness which said child might suffer while at Braeside Camp.*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## 2024 Camper Registration Form

<b>PHOTO RELEASE</b>
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*Braeside Camp may take pictures and/or videos for use as camp promotional material for the camp and/or programs and I realize that my child's likeness and/or mine may appear in this material.*

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Parent/Guardian signature

Date