

2018 CAMP WATCHAUG REGISTRATION FORM

95 High Street, Westerly, RI 02891 · Phone 401-364-6535 · Fax 401-596-8675 · campwatchaug.org

Camper Name _____ Date of Birth _____ Gender _____

Home Address _____ City _____ State _____ Zip _____

Summer Address _____ City _____ State _____ Zip _____

Child's School _____ Grade Entering in Fall, 2018 _____ First summer at Camp Watchaug? Yes No

Parent/Guardian Name _____ Relationship _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Relationship _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

The parents/guardians listed above will be allowed to pick up the camper from camp, a bus stop or extended day. Please attach the names, relationship to camper and phone number of any additional friends or family members that are at least 18 years old (not listed above) who are authorized to pick up camper and can be notified in event of an emergency. **PHOTO ID IS REQUIRED FOR PICK UP.**

MEDICAL/BEHAVIORIAL/CUSTODY INFORMATION

Please use the space below to provide detailed information regarding any pertinent past or current medical treatment, psychological or behavioral conditions, or custodial issues that would enable us to provide appropriate care for your child. If relevant, please list any behavior modification methods used at home or school. Use another sheet of paper and attach if necessary.

Does the camper have allergies? Yes No Explain: _____

All campers are educated to wash their hands before and after eating meals or snacks and NOT to share food. Counselors will sit next to campers with severe food allergies. Upon request, an allergen-free eating area can be arranged or a request can be made to your child's group to only send non-allergen snacks and lunches. **Please contact the Camp Director if this is necessary for your child.**

Is the camper on a special diet? Yes No Explain: _____

May camper participate in ALL Camp Activities? Yes No If no, what restrictions apply? _____

Is the camper current on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices?

	YES	NO		YES	NO		YES	NO
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	Date of most recent Tetanus booster:	_____	

Camper's Physician _____ Phone _____ City _____ State _____

Please list any prescription or OTC medication camper takes on a regular basis: _____

If camper will need a medication while at camp, an additional **MEDICATION FORM** must be completed & returned. Available on-line & at the YMCA. This form is needed for both prescription and over-the-counter medications. Our Health Office only stocks the following over-the-counter medications and administers them under the Standing Orders of our on-call physician. Please **indicate permission** for medication administration:

Antibiotic Ointment: yes or no **Calamine Lotion:** yes or no **Hydrogen Peroxide:** yes or no **BZK Antiseptic Cleanser:** yes or no

Health Insurance Company _____ Group Policy# _____ Parent Provider _____

Please attach copy of Health insurance Card.

GROUP FRIEND REQUEST:

TRANSPORTATION - TIMES LISTED ON WEBSITE & IN PARENT HANDBOOK—*Select your choice*

Sessions 1 & 6 (TWO BUS STOPS ONLY)

- Westerly YMCA
- Arcadia YMCA
- Parent Pick Up & Drop Off

Sessions 2-5

- | BLUE ROUTE | RED ROUTE | GREEN ROUTE |
|--|---|--|
| <input type="checkbox"/> Hopkinton Post Office | <input type="checkbox"/> Regal Cinemas | <input type="checkbox"/> Black Bear Karate |
| <input type="checkbox"/> Arcadia YMCA | <input type="checkbox"/> Westerly YMCA | <input type="checkbox"/> Stonington High School |
| <input type="checkbox"/> Richmond School | <input type="checkbox"/> Craig's Field | <input type="checkbox"/> St Pius Church |
| <input type="checkbox"/> Charlestown Elem | <input type="checkbox"/> Route 216/Crandall Field | <input type="checkbox"/> Shore Road & Crandall Ave |
| <input type="checkbox"/> Hungry Haven | <input type="checkbox"/> Wal-Mart | |
| <input type="checkbox"/> No Bus, Parent Pick up & Drop Off | | |

HOW DID YOU HEAR ABOUT CAMP WATCHAUG?

- YMCA
- Website
- Email
- Word of mouth
- Newspaper
- Mailing
- School
- Brochure
- Am a returning Camper
- Other _____

I give permission for the camper's image or voice to be used in Y promotional materials including the website and social media.

Yes No Signature _____

You must check no if child is a legal ward of the state (i.e. foster child)

