

Camper's Name: _____ Age: _____

Camp Registration

Christiana Skating Center

Dover Skating Center

Camper Name: _____	Shirt Size: _____
Address: _____	
City _____	State: _____ Zip: _____
Date of Birth: _____	Boy/Girl: _____ Grade completed: _____
Skating Experience (circle one):	Never Skated Beginner Intermediate Advanced

Parent/Guardian #1: _____	Relationship: _____
Primary Phone#: _____	Secondary Phone #: _____
Email Address: _____	
Address: (if not the same as camper) _____	
City _____	State: _____ Zip: _____

Parent/Guardian #1: _____	Relationship: _____
Primary Phone#: _____	Secondary Phone #: _____
Email Address: _____	
Address: (if not the same as camper) _____	
City _____	State: _____ Zip: _____

Medical Information: (Please include a copy of your insurance card. Copy both sides of the card so information is readable)	
Insurance Company: _____	Policy Number _____
Subscriber: _____	Insurance Co Phone: _____
Primary Doctor: _____	Phone: _____

List known allergies: _____
List Dietary restrictions: _____
List physical restrictions: _____
Will your child take any medication daily at camp? If yes, complete the medication form. _____
Do we have permission to administer Tylenol to your child? _____

Camper's Name: _____ Age: _____

- ✦ *Please attach a copy of your child's most recent immunizations.*
- ✦ *Please attach a copy of your medical insurance*
- ✦ *Please attach a small school photo of your child.*

Emergency Contact:

*The following people have permission to pick up my child from camp.
If I can not be reached in an emergency, you may contact these people.*

Emergency Contact #1: _____ Relationship: _____

Primary Phone#: _____ Secondary Phone #: _____

Emergency Contact #2: _____ Relationship: _____

Primary Phone#: _____ Secondary Phone #: _____

Please share any other information that you feel will help us care for your child while at camp: _____

Photo Release:

*Any photos or video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial remuneration is available should such a picture or video be used. Initial if you **DO NOT** wish your child's photo to be used throughout the skating center or online. _____*

The health history information provided on this form is correct. My child has permission to engage in all camp activities and be transported to and from the field trips I have selected for him/her. If I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Staff if there is a change in my child's medical information.

I, the parent/guardian of _____, give permission for my child to engage in all camp activities. I fully understand policies regarding camp activities, camp discipline, and camp payment obligations.

Parent Signature: _____

Date: _____

Camper's Name: _____ Age: _____

MEDICATION FORM

The Delaware Skate Camp program has established policies and procedures regarding the administration of medicine during the camp day. Medication includes all prescribed and over-the-counter medication. All medications are to be kept with the camp staff, and are not to be kept with campers. The policy applies to both prescription and non-prescription items.

All medication must be brought to camp in its original container. All pill type medications must be brought in one each day. Pharmacy labels are required for all prescription medications. Non-prescription medications should be sent in original containers with the campers' name clearly written on it.

Please complete this form in its entirety and return it to the camp staff with the required medication. A separate form is required for each medication.

Camper's name: _____	Date of Birth: _____
Name of Medication: _____	
Reason for Medication: _____	
Dosage: _____	
Time to be given: _____	
Cautionary Information/Adverse Reactions: _____	

Please note/l with the exception of inhalers and Tylenol, unused medication must be picked up by the camper's parent/guardian at the end of each day. Any medication that is not claimed within three working days after the campers last day of camp will be discarded.

Parent/Guardian Signature: _____ **Date:** _____

Medication Chart <i>(to be completed by camp staff)</i>			
Date: _____	Dosage: _____	Time Given: _____	Staff Initials: _____
Date: _____	Dosage: _____	Time Given: _____	Staff Initials: _____
Date: _____	Dosage: _____	Time Given: _____	Staff Initials: _____
Date: _____	Dosage: _____	Time Given: _____	Staff Initials: _____
Date: _____	Dosage: _____	Time Given: _____	Staff Initials: _____