

**Walker Township Summer Camp
Registration 2024
Monday – Thursday 9:00-2:00
June 24, 2024 through August 1, 2024**

Camper Information:

Camper Last Name	First Name	Middle Name	Age:
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Camper Nickname:	Grade Entering:
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Gender: _____

What is your camper's swimming ability?

Will your camper bring medication to camp? (circle one) Yes No

Type of medication and administration comments.

Does your child have any physical or emotional conditions of which our staff should be aware (such as asthma, poison ivy, ADD/ADHD, new to the area, etc.)?

List any allergies to foods, medicines, treatments, bee stings, or environmental stimuli:

Parent/Guardian Information:

Fathers Name:

Address:

Home Telephone:	Business Telephone:	Email:
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Mothers Name:

Address:

Home Telephone:	Business Telephone:	Email:
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**Walker Township Summer Camp
2024 Registration Form – page 2**

Emergency Contact Information:

Emergency Contact/other than parent Relationship: Telephone:

Second Contact Person: Relationship: Telephone:

Family Physician Information:

Group or Physicians Name: Address: Telephone:

Medical Insurance Provider: Policy No.

____(Yes) I, the parent/guardian of _____, give my permission for emergency medical treatment to be provided and given to my son/daughter by the specified physician or hospital as listed above and coordinated by the Walker Township Summer Camp staff. I give permission for the Walker Township Summer Camp staff to administer basic first aid treatment if the medical condition is not life threatening or does not require further professional, medical attention. I acknowledge that I an/or the specified emergency individual(s) will be contacted by telephone at the specified emergency number provided as soon as any medical emergency arises.

Parent or Guardian Signature: Date:
Date of last tetanus booster: _____

Where did you hear about camp? _____

**Please initial one and make checks payable to Walker Township Summer Camp.
Payment is due no later than June 3, 2024. Please deduct any deposit you have made to date.**

\$120____ I am a Walker Township Resident.

\$160____ I am a resident of _____township/borough.

List the names of the any individual(s), other than yourself, who are permitted to pick-up and transport the above camper at the end of any recreational day, as listed above:

Name: Relationship:

Name: Relationship:

My child is permitted to use and handle a hot glue gun: (circle one) yes no

_____- **PLEASE INITIAL.** I understand that all campers will be required to provide their own snacks (if needed) for the 10 a.m. break and packed lunches for lunch time. Campers may also bring snacks for the afternoon if desired. A water fountain is available, however, we recommend that you provide extra drinks each day.
Please use other side for any additional comments.