

Camp Blaze Registration Form 2010

Child's Name: _____ DOB: ____ / ____ / ____ Age: ____ M F
 Address: _____ D M YR
 City: _____ Home Phone: _____ Postal Code: _____
 E.mail Address: _____ Health Card # (Optional): _____
 Mother's Name: _____ Work Address: _____ Phone: _____
 Father's Name: _____ Work Address: _____ Phone: _____
 Custody: Mother Father Both Cell #: _____

EMERGENCY CONTACT (OTHER THAN PARENTS): _____
 Telephone: _____ Address: _____
 Relationship to child: _____
 Child's Family Doctor: _____ Address: _____ Telephone: _____

NAME OF PERSONS TO WHOM THE CHILD MAY BE RELEASED:
 1) _____ 2) _____
 3) _____ 4) _____

Does camper require medication to be administered by BCC camp staff? No Yes
If yes, please fill out Medication Authorization form.

Child's Swim Ability: Swimmer Non-Swimmer Grade Completed in June 2010: _____
 School: _____

Health and Medical Information
 Please indicate which communicable diseases your child has had:

			Camp Choice		
TYPE	YES	NO	DATE	CAMP THEME	EXT. TOTAL FEE
					AM PM
Red Measles			Week 1 July 5-9		
Rubella (German Measles)			Week 2 July 12-16		
Chicken Pox			Week 3 July 19-23		
Pertussis (Whooping cough)			Week 4 July 26-30		
Mumps			Week 5 Aug.3-6		*
Hepatitis A			Week 6 Aug. 9-13		
Hepatitis B			Week 7 Aug. 16-20		
Other _____			Week 8 Aug. 23-27		

List any Allergies: _____
 Special requirements for diet, rest or exercise? _____
 Any symptoms indicative of ill health? _____
 Has your child been immunized as per the Education Act?
 No Yes
 If No, please explain _____

* 4 day week = \$112

Camp Hours are 8:00-4:30. Weekly Fee is \$140.00.
Extended care is available \$3 am, \$3 pm, \$5 both
Sign up for a full week and receive a free t-shirt & hat!

Weeks: 1 2 3 4 5 6 7 8

Date of Admission: _____
 Date of Discharge: _____

 Parent/Guardian's Signature

 Date

