



Department of Recreation & Wellness
Little Lakers Recreation Day Camp

Enrollment Form

Camper's Information

Name: _____ Date of Birth: ____/____/____
Nickname: _____ Male Female
 Orange Lakers: 7 – 10 years of age Blue Lakers: 11 – 14 years of age
School: _____ Grade in School for Fall: _____
T-shirt Size: **Youth** Small Medium Large X-Large
Adult Small Medium

Parent/Guardian #1

Name: _____
Primary Phone: _____ Alternate Phone: _____
Address: _____ City: _____ Zip: _____

Health Insurance & Health Care Provider Information

Policy Holder's Name: _____
Insurance Company: _____ Policy/Group #: _____
Physician's Name: _____ Phone: _____

Pick Up Information – Individuals Permitted to Pick Up Your Child

Name: _____ Primary Phone: _____
Name: _____ Primary Phone: _____
Name: _____ Primary Phone: _____

Emergency Contact #1

Name: _____ Primary Phone: _____
Secondary Phone: _____ Alternate Phone: _____
Email Address: _____

Emergency Contact #2

Name: _____ Primary Phone: _____
Secondary Phone: _____ Alternate Phone: _____
Email Address: _____

Camper's Health History – Check all that apply.

- Diabetes Mellitus? Non-Insulin Dependant Insulin Dependant
 - History of heart problems (defect, disorder, murmur, etc)
 - Chronic / recurring illness. If so, what? _____
 - Seizures, neurological disorder or take seizure meds? Last Occurrence: _____
 - High Blood Pressure
 - Asthma – Must bring inhalers with him/her. Last Occurrence: _____
 - Bleeding Disorder
 - Allergies – What: _____
-
- Has had a recent surgery (past 6 months) – For What: _____
 - Has a permanent handicap or disability – What: _____
 - Has a muscle or joint problem still affecting the child (knees, shoulders, hips, feet)?
 - Does the child wear or **SHOULD** you wear a medical alert tag for a medical condition?
 - Other medical condition(s) not listed: _____
-

Camper's Illness History – Check all that apply.

- Mononucleosis
- Chicken Pox
- Measles
- German Measles
- Mumps
- Pink Eye
- Frequent Ear Infections

Immunization Compliance – Your child has the proper immunization in compliance with State immunization requirements for school attendance. Yes No

First Aid & CPR Permission – By signing below, the Clayton State University staff or qualified agent is authorized to provide First Aid and/or CPR to my child.

Cost:

- \$135 Camp \$30 Early Care \$30 Late Care
- \$45 Combined Early & Late Care **Total: \$** _____

Method of Payment:

- Check Cash Credit Card #: _____
- 3 digit security code: _____
- Name on credit card: _____
- Billing Address (if different from front): _____

Acknowledgement

By signing below, I am allowing my child to participate in the Little Laker Recreation Day Camp coordinated by the Department of Recreation & Wellness at Clayton State University. I have read the camp itinerary and have full understanding that there will be both recreational activities and team building exercises. I further understand that the drop-off time is 8:45 am and the pick-up time is 4:30 pm unless I have also registered and paid for early drop-off and late pick-up.

Parent's / Guardian's Name: _____

Parent's / Guardian's Signature: _____ Date: _____

Witness Signature: _____ Date: _____