



## 2020 Summer Camp Registration and Health History Form

### CHILD'S INFORMATION

Name (first/middle/last) \_\_\_\_\_ Nickname \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade entering Sept 2020 \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FAMILY INFORMATION

Parent/Guardian Name #1 \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent/Guardian Name #2 \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### EMERGENCY INFORMATION

In case of emergency, please contact the following first: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact and Child Pickups (if mother, father, or guardian cannot be reached). People listed to pick up children must be 18 years or age or older and must have a photo ID with them when picking up children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is there a person is specifically NOT allowed to pick up your child? Name \_\_\_\_\_

**What should we know about your camper (fears, likes, dislikes, special needs, etc)?**

---

---

---

Are you a current member at Zena Recreation Park (circle one)?    **YES**        **NO**        **NOT CURRENTLY, BUT INTERESTED!**

**REGISTRATION & ADD-ONS (CIRCLE ALL WEEKS THAT YOU ARE REGISTERING YOUR CHILD FOR)**

|                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| Session 1 -- July 6th to July 10th  | Session 4 -- July 27th to July 31st | Session 7 – Aug 17 <sup>th</sup> to Aug 21st             |
| Session 2 -- July 13th to July 17th | Session 5 – Aug 3rd to Aug 7th      | Session 8 – Aug 24 <sup>th</sup> to Aug 28 <sup>th</sup> |
| Session 3 -- July 20th to July 24th | Session 6 -- Aug 10th to Aug 14th   | Session 9 – Aug 31 <sup>st</sup> to Sep 4th              |

Add-ons: If available during the weeks you have selected above would you be interested in adding on (circle all that you are interested in):

|                             |                         |                           |                       |
|-----------------------------|-------------------------|---------------------------|-----------------------|
| Tennis Lesson (Small Group) | Tennis Lesson (Private) | Swim Lesson (Small Group) | Swim Lesson (Private) |
|-----------------------------|-------------------------|---------------------------|-----------------------|

**CAMP PRICING:** Weekly sessions are priced at \$200/week for ZRP members and \$270/week for non-members. Additional children in the same session will receive a \$20/week discount on tuition. Full season campers (7, 8, or 9 total weeks this season) also receive a \$20/week discount on tuition. Tuition prices do not include sales tax. Tennis or Swim lessons (if available) require separate a separate registration form and separate fee. Lunches are not provided by Camp Zena. There will be no refunds for days canceled due to weather.

**Camp Zena hours are from 9am to 5pm M-F.** There is no aftercare this year and your camper(s) will need to be picked up by 5pm each day by either yourself or someone you designate over the age of 18.

**COVID-19 Precautions:** Please be aware that there is risk associated with activities like day camp. Because we are a completely outdoor environment, the risk is lower, but in no way can the risk this summer be eliminated entirely. To minimize risk and protect the safety of all campers and staff, Camp Zena will follow all applicable CDC and NYS Guidelines published for Day Camps this summer. We will send those in a separate link for you to review and keep. These guidelines may be updated as we go through the summer and we appreciate your help, patience, and understanding as we work together to ensure a safe and fun experience for all at summer camp.

**Please let us know your child’s swimming ability (circle one):**

|                   |  |   |   |
|-------------------|--|---|---|
| Cannot swim, yet! | Starting to swim (doggy paddle, beginning to float, not comfortable putting face in water) | Some experience (confidence growing, puts face in water, can swim length of the pool) | Expert swimmer (working on major swim strokes, has passed dive board swim test) |
|-------------------|--|---|---|

\*\*\*\*\*

**PAYMENT INFORMATION**

**The deadline for payment is 2 weeks prior to the week your camper’s 1<sup>st</sup> session begins.**

Check     MasterCard     Visa     Amex     Discover        Amount enclosed \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

**CAMPER HEALTH HISTORY – CONFIDENTIAL (information to be kept in child’s file) Name \_\_\_\_\_**

The following information must be completed by the parent/guardian. The intent of this information is to provide camp staff the background to provide appropriate care in an emergency. Provide complete information so that the camp is aware of your child’s needs.

Child's Physician \_\_\_\_\_ (Phone) \_\_\_\_\_ Date of last physical \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Identification # \_\_\_\_\_ Group # \_\_\_\_\_  
 Name of insured \_\_\_\_\_ Relationship to child \_\_\_\_\_

**ALLERGIES**

Describe reaction including severity and management

- Medications (e.g., penicillin) \_\_\_\_\_
- Food (nuts, eggs/dairy,?) \_\_\_\_\_
- Insect stings \_\_\_\_\_
- Environment (hayfever, pollen, etc) \_\_\_\_\_

Dietary Modifications or Restrictions \_\_\_\_\_

**MEDICATIONS**

**Will your child be self-administering any medication while at camp? [ ] Yes [ ] No If yes:**

Medication \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_

**Will you child be carrying any of the following? (circle if carrying) Inhaler Epi Pen Insulin**

**\*\*\*\*\*NOTE: If your child is self-administering medication while at camp, a copy of the doctor’s prescription or order MUST be kept at camp in your child’s file.\*\*\*\*\***

Please list all medications that you child is currently taking at home. Camp Zena staff will not administer or store medications at the camp.  
 Please contact the camp director or staff for questions or more information.

Medication \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose \_\_\_\_\_ How Often \_\_\_\_\_

**IMMUNIZATIONS**

**Provide a copy of your child’s immunization record from your provider. NOTE: Please write “See Attached” if your copy of immunizations records clearly shows both the dates and ALL vaccines outlined below. A complete immunization series record is required for camp attendance. This camp’s policy is that children need to be fully vaccinated in order to attend Camp Zena.**

**Immunization History - Attach a copy of child’s immunization records and list the month/day/year administered below.**

|                         |             |             |             |             |             |             |                 |              |              |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|--------------|--------------|
| DPT Series              | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | MMR             | ___/___/___  | ___/___/___  |
| Tetanus/Diphtheria      | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | or measles      | ___/___/___  | ___/___/___  |
| Tetanus                 | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | or mumps        | ___/___/___  | ___/___/___  |
| Polio OPV (Sabin)       | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | or rubella      | ___/___/___  | ___/___/___  |
| HIB Vaccine             | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | Varicella       | ___/___/___  | ___/___/___  |
| Hepatitis B             | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | TB Mantoux Test | ___/___/___  | ___/___/___  |
| Haemophilus Influenza B | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | TB Test Results | [ ] Positive | [ ] Negative |

**CIRCLE Y or N ANSWERS BELOW, IF “Y” PLEASE DESCRIBE**

|   |  |
|---|--|
| Does your child wear glasses, contacts or eye protection? Y N | Does your child require ear plugs when swimming? Y N |
| Does you child wear hearing aids? Y N                         | Does your child have an eating disorder? Y N         |

|   |  |
|---|--|
| Does your child wear an orthodontic appliance Y N (if yes, describe)  | Does your child have heart problems (defect/disease/murmur)? Y N     |
| Does your child have asthma? Y N  | Does your child have a skin problems (e.g. itching, rash, acne)? Y N |
| Does your child have diabetes? Y N  | Has your child had recent mononucleosis? Y N                         |
| Does your child have a seizure disorder/? Y N   | Does your child have Hepatitis? Y N (if yes, A/B/or C?)              |
| Has your child had a concussion? Y N (if yes, when? Severity?)  | Has child had a severe allergic reaction? Y N (if yes, how severe?)  |
| Does your child have Sickle Cell disease or trait? Y N  | Has your child had Tuberculosis? Y N                                 |
| Does your child have a learning disorder or ADD/ADHD? Y N   | Has you child had frequent ear infections? Y N                       |
| Does your child have Depression or other emotional issue(s)? Y N  | Has your child ever passed out? Y N                                  |
| If yes to any of the above, please use this additional space to provide description/detail of the issue as well as a plan of how the issue is to be addressed by Camp Staff. If a yes to any of the above requires a specific emergency plan, outline that plan here as well. |  |

**Does your child have any activity restrictions?**  Yes  No If yes, please describe \_\_\_\_\_

**Has your child traveled outside of the US in the last 30 days?**  Yes  No If yes, where \_\_\_\_\_

Any additional information about the participant's behavior and physical, emotional or mental health the camp should be aware of:

**PERMISSION TO PROVIDE NECESSARY FIRST AID OR EMERGENCY CARE**

Yes  No I hereby give permission to the camp director, or qualified camp counselor, or lifeguard to administer first aid to my child.  
 Yes  No In the event I cannot be reached in an emergency requiring immediate medical care, I hereby give permission to the camp director or designated camp counselors to call 911. This may result in transport by ambulance to a local hospital for the camp participant.

**PERMISSION TO SUPERVISE APPLICATION OF TOPICAL ITEMS** (Sunscreen, Bug Spray, Lip Balm)

Type of Topical Item \_\_\_\_\_ Prescription # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Days to be Taken M T W TH F Time of Day \_\_\_\_\_ Amount (Dosage) \_\_\_\_\_

Yes  No I request that the camp staff supervise my child taking the above medication or applying the topical items as indicated.

I acknowledge that the information stated on this form is accurate and factual.

**Parent/Guardian Signature ONLY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

Health History form has been reviewed by Health Director. Signature \_\_\_\_\_ Date: \_\_\_\_\_