



2022 Summer Camp Registration and Health History Form

CHILD'S INFORMATION

Name (first/middle/last) _____ Nickname _____
[] Male [] Female Date of Birth _____ Age _____ Grade entering Sept 2021 _____ Preferred pronoun _____
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 _____

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 – June 27 th to July 1 st	Session 4 -- July 18 th to July 22 nd	Session 7 – Aug 8 th to Aug 12 th
Session 2 -- July 5 th to July 8 th (Special Pricing: \$200 members, \$275 nonmembers)	Session 5 – July 25 th to July 29 th	Session 8 – Aug 15 th to Aug 19 th
Session 3 -- July 11 th to July 15 th	Session 6 -- Aug 1 st to Aug 5 th	Session 9 – Aug 22 nd to Aug 26 th

CAMP PRICING: Weekly sessions are priced at **\$240/week for ZRP members** and **\$325/week for non-members** for the first child in a family. Additional children in the same family and 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 **include** any applicable sales tax. Tennis or Swim or Basketball lessons (if available) require separate a separate registration form and separate fee and will be announced to all registered for camp as these become available. Lunches are not provided by Camp Zena in the tuition fees (snacks and water are provided.) There will be an option this year to purchase lunch from the snack bar with advance notice. There will be **no refunds** for days canceled or shortened due to inclement weather.

UPDATED Hours: Camp Zena hours are from **8:30am to 4:30pm M-F**. There is no aftercare. Your camper(s) will need to be picked up by 4:30pm each day by either yourself or someone you designate over the age of 18. **We will be closed on Monday, July 4th.**

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

Cannot swim, yet!	Starting to swim (beginning to float, not comfortable putting face in water)	Some experience (confidence growing, can swim length of the pool)	Expert swimmer (has passed dive board swim test)
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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. These will be communicated separately as they are updated for this summer!

PAYMENT INFORMATION & CANCELLATION POLICY:

We require a **\$150 non-refundable deposit** payment with your camp registration to hold your camper’s spot(s). The deadline for final payment is **June 15th**. Registrations not paid in full by June 15th will incur a **\$25 late fee**. Refunds (less the deposit) may be requested before **June 15th**. ***NO REFUNDS*** after June 15th. All refund requests made after June 15th requires a doctor’s letter.

[] Check to “Zena Recreation Park” [] MasterCard / Visa [] Amex / Discover [] Zelle to “treasurer@zenarec.com
 [] Venmo @zenarec

Amount you would like to pay at time of registration (check one): [] \$150.00 [] Other amount: _____

Card # _____ Exp. Date _____ CVV _____ Zip code _____

I authorize this payment and agree to the cancellation policy as outlined in this document. Signature _____

CAMPER HEALTH HISTORY – CONFIDENTIAL (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. IF vaccinated for Covid-19 please include that as well. 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 but Covid-19 vaccination is not a requirement to attend our camp at this time.

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 your child wear hearing aids? Y N	Does your child have an eating disorder? Y N
Does your child wear an orthodontic appliance Y N	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 (A/B/C?)
Has your child had a concussion? Y N	Has child had a severe allergic reaction? Y N (severity?)
Does your child have Sickie 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 or will be traveling outside of the US prior to the start of camp? 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:

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ERMISSION 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: _____