

**Centre Region Parks & Recreation
HEALTH & SAFETY FORM - SUMMER 2016**

THIS FORM MUST BE COMPLETED AND RETURNED **ON OR BEFORE THE FIRST DAY OF CAMP** TO (1) CENTRE REGION PARKS & RECREATION OFFICE (Address below) OR (2) THE SITE LEADER.

Please Check the Applicable Camp(s) and Circle the Week(s) Enrolled:

<input type="checkbox"/> WEE KIDVenture Day Camp: Weeks 1, 2, 3, 4, 5, 6, 7,8	<input type="checkbox"/> Wonderful Wetlands Day Camp
<input type="checkbox"/> KIDVenture Day Camp - 1st - 3rd Grades Weeks 1, 2, 3, 4, 5, 6, 7,8 or All	<input type="checkbox"/> Youth Fly-fishing Camp <input type="checkbox"/> Boating Adventures Camp
<input type="checkbox"/> KIDVenture Day Camp - 4th - 6th Grades Weeks 1, 2, 3, 4, 5, 6, 7,8 or All	<input type="checkbox"/> Canoe Camp - Steelhead <input type="checkbox"/> Canoe Camp - Bluegill
<input type="checkbox"/> Peter Pan <input type="checkbox"/> Disney Dazzle <input type="checkbox"/> Wiz Kids	<input type="checkbox"/> Outdoor Explorers Hiking Adv <input type="checkbox"/> Outdoor Explorer Hiking Expl.
<input type="checkbox"/> Wonders of Nature Art Camp <input type="checkbox"/> Treasure Hunting	<input type="checkbox"/> Knee High Naturalists <input type="checkbox"/> Fly Kids Camp
	<input type="checkbox"/> Kayak Camp - Steelhead <input type="checkbox"/> Kayak Camp - Bluegill

GENERAL INFORMATION:

Camper's Full Name _____ Home Phone _____

Address _____

Grade (as of Fall 2016) _____ Age _____ Date of Birth _____ Gender (M/F) _____

Parent / Guardian Name _____ Work Phone _____

Parent's Email Address _____

Parent / Guardian Name _____ Work Phone _____

Emergency Contact: _____ Phone _____

HEALTH AND SAFETY INFORMATION:

Family Physician: _____ Phone: _____

Specify any allergies and nature of allergic reaction: _____

Specify any medications currently being administered (CRPR staff cannot administer medication): _____

Specify any emotional / learning problems, special needs, etc.: _____

Indicate any physical activities to be restricted: _____

My child has taken swim lessons: YES ____ NO ____ If YES, my child has successfully completed LEVEL ____

INDIVIDUALS (other than parent/guardian) WITH PERMISSION TO PICK-UP CAMPER:

Photo Identification may be required.

1. _____ 2. _____

3. _____ 4. _____

NOTICE: CRPR may take photographs and/or other moving or still images of the events it sponsors or facilities it operates, and may use those images in promotional or other materials.

WAIVER FOR PARTICIPANT: In consideration for accepting my child's enrollment, I, hereby for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Centre Region Parks and Recreation Department and its representatives, successors, and assignees for any and all injuries suffered by myself or my child at any activity sponsored by this or other cooperating groups. Further, I give my permission for my child to participate in all CRPR-sponsored field trips and for all activities provided on State College Area School District property, weather permitting (in addition to classroom activities and including the use of adjacent school & municipal grounds).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Please return to: Centre Region Parks & Recreation (CRPR), 2643 Gateway Dr., #1, State College, PA 16801 Fax 814.235.7832
(updated Feb. 3, 2016) X:\Parks\Programs\Summer Camps\Forms\Health-Safety\H-SGenForm-16.wpd

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To Indicate your consent, please initial next to those activities for which you give permission for your son/daughter _____ during the 2016 Camp Season.

I/we _____ (Parent/Legal Guardian) hereby consent to allow Centre Region Parks & Recreation KIDventure and Wee KIDventure Camp staff permission for the following:

Administration of minor first aid procedures to my child _____

Application of sunscreen lotion to my child _____

Obtain Emergency Medical Care for my child _____

Permit son/daughter to be photographed for CRPR publicity _____

Parent Name: _____

Parent Signature: _____

Date: _____