

2019 Greenfield Summer Day Camp Registration

Child's Name		Age		Gender	
Address		Date of Birth			
		School District			
Phone Number		Grade Completed			
Primary Email					

Please circle all weeks your child will be attending camp				
June 10-14	June 17-21	June 24-28	July 1-3	July 8-12
July 15-19	July 22-26	July 29-August 2	August 5-9	August 12-16

Mother Contact		Father Contact	
Name		Name	
Address		Address	
Phone Home		Phone Home	
Phone Work		Phone Work	
Employment		Employment	
Emergency Contact		Relation	
		Phone	

Allergies	
Medication taken	

Physician Name		Phone	
Hospital/Insurance Carrier		Policy Number	

Person Responsible for Camp Fees	
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I understand I am responsible for payment of camp fees of weeks camper is registered, even if camper does not attend -- \$135/week/camper.

Signature of person responsible: _____

Please read the following, print and sign below.

I, _____ waive all claims against Greenfield Summer Day Camp in case of accident, injury, or sickness resulting in my child's contact with Greenfield Summer Day Camp and its staff members. I give my permission for first aid and/or emergency medical care during camp hours and before and after care hours at camp if parents, legal guardians, or emergency contact persons cannot be reached. My child may also accompany the camp on all field trips, modes of transportation necessary, and swimming at Greenfield Estates Pool.

Signature of Parent/Legal guardian: _____

Please include the application fee of \$15 per camper (\$25/family) make all checks payable to Greenfield Summer Day Camp.

All campers will receive a FREE T-shirt. Please indicate their size. Youth: S M L XL Adult: S M L

How did you hear about Greenfield? _____