Camper Name: _____ Colonial Williamsburg Day Camp Registration Form Age: ____

Child

First _____ Middle _____ Last _____ Gender: __ _ ___ _

School Name _____ Grade _____ Birth date _____/_____/_____ Age _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____ _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First_____Last_____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ___ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First_____Last_____ Ms. Mrs. Mr. Other _____

Street Address_____

Town/City _____ State ___ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number_____ Name of Health Insurance Provider_____

Primary Physician_____

Address_____

Phone_____

Camper Name: _____ Colonial Williamsburg Day Camp Registration Form Age: ____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures):

Medical Problem	Required Treatment	Should paramedic be called?
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Colonial Williamsburg Foundation will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

The Colonial Williamsburg Foundation are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Please circle how you heard about the Colonial Williamsburg Day-Camp:

Website School _____ Word of Mouth Flyer Other _____