

**Adventures in Nature!**  
SUMMER DAY CAMP 2019  
REGISTRATION INFORMATION for Ages 11 to 14



Date registered: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Camp Session: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

.....  
Name(s) of Parent/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email (to **receive confirmation of reservation** and seasonal program updates):  
\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Do we have permission for photograph your child at camp and use the images for future PR efforts?

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee is nonrefundable unless we can fill your spot; 90% of the registration fee will be returned and 10% will be retained for administrative fees. \_\_\_\_\_ (initial)**

.....  
Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List of authorized people to pick up your child and contact number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child know how to swim? \_\_\_\_ Yes \_\_\_\_ No

Physician Name & Number: \_\_\_\_\_

**Allergies:** Bees: Y N Nuts: Y N Food: Y N Other: \_\_\_\_\_

Please describe the severity of allergy and accommodations required in detail: **Contact**  **Ingestion**

\_\_\_\_\_  
\_\_\_\_\_

Medical Issues: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Insurance Information:

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Anything else you'd like us to know about your child: \_\_\_\_\_

\_\_\_\_\_

**Call the Great Swamp at 973.635.6629 to register before submitting payment. Return completed form to the Great Swamp OEC 247 Southern Blvd. Chatham, NJ 07928. Please make checks payable to the MCPC**