

Robinson Township's Summer Camp 2009

Registration Form

July 6, through July 17, 2009 • 9:00 am - 12:00 pm

1000 CHURCH HILL ROAD, PITTSBURGH, PA. 15205

REMEMBER A BRIEF PARENT ORIENTATION FIRST DAY OF CAMP
IMPORTANT INFORMATION WILL BE DISTRIBUTED.

* PLEASE PLAN TO ATTEND *

ALL CHILDREN ***MUST*** BE PRE-REGISTERED BEFORE MAY 24,
(NO EXCEPTIONS)

Please fill out separate application for each child.

The information on this form is important to the camp director. Information is gathered to assist us in identifying appropriate care and accommodations for your child if needed. If your child has any physical and /or emotional needs/ disabilities that the camp director should be aware of, please use a separate sheet of paper for information that is pertinent. Please place information along with camp application(s) in a sealed envelope marked "Summer Camp". Applications can be dropped off at the pool or Township Building. Directors will keep information private.

Eligible campers must be a *Kindergarten Graduate / through 6th grade / or who are no more than 12 years* of age when camp starts. Campers *MUST* be a Robinson Resident. Proof of residency is required.

Campers Name _____ Birthday _____ Grade Completed (K-6) _____

Gender: Male _____ Female _____
Please print

Address _____ Township _____ State _____ Zip _____

Parent(s)/Guardian _____ Phone _____ Cell _____
Please print

Secondary or Emergency Contact: _____ Phone _____
Cell _____

Is there a custody dispute that the camp director should know about? Please explain. _____

Photos will be taken during the course of this camp; some photos will be sent to local newspapers or used by the Township of Robinson for web page or township parks mailer.

I do not allow my child's picture to be taken for any reason. _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE: I hereby give permission to the medical personal by the camp director to order x-ray, routine test, and treatment: to release any records necessary of insurance purpose: and to provide or arrange necessary related transportation for my child in the event I cannot be reached in an emergency. I herby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp (swimming, airport ice arena)

Signature of Parent or Guardian _____

I understand and agree to abide by the rules at Robinson Township Summer Camp

Signature Minor Camper _____

Medical Needs/Allergies: Please list all allergies and describe reaction and management of the reaction. Also please provide any information pertinent to the staff for your child's needs. (Must send medication needed in original container with written instructions). _____

If parent wishes to attend camp with child; you must acquire Child Clearances.