

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade Entering '12: \_\_\_\_\_

T-Shirt Size:  Yth S(6-8)  Yth M(10-12)  Yth L(14-16)  Adult S  Adult M  Adult L  Adult XL  Adult XXL

<p><b>Swim Permission</b> <u><i>This section is only for children in 2nd through 9th grade.</i></u> My child has permission to swim at Passaic County Technical Institute, located at 45 Reinhardt Road Wayne, NJ. He/She is an: <input type="checkbox"/> Excellent Swimmer <input type="checkbox"/> Good Swimmer <input type="checkbox"/> Fair Swimmer <input type="checkbox"/> Poor Swimmer <input type="checkbox"/> He/She has permission to take the deep water test <input type="checkbox"/> He/She does not have permission to take the deep water test</p>	<p><b>Release &amp; Emergency Information</b> Please check the following that apply: The child's <b>MOTHER</b> has legal right to pick up the child? <input type="checkbox"/> Yes <input type="checkbox"/> No The child's <b>FATHER</b> has legal right to pick up the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If a parent <b>DOES NOT</b> have the legal right to pick up the child, a copy of the legal documentation must be submitted with this form. Please list any special circumstances the staff should be aware of. Please notify the Camp office of any changes immediately so that our records may be updated. Your child will <b>ONLY</b> be released to the people listed below. <b>If I am unable to pick up my child, I authorize he/she to be released by Camp Calvary Staff to the following people.</b> 1. Name: _____ Address: _____ Phone: _____ 2. Name: _____ Address: _____ Phone: _____ 3. Name: _____ Address: _____ Phone: _____</p>	<p><b>Medical Information</b> Please list any allergies (medical, food, insect toxin, other) that your child suffers from: _____ _____ _____ History of: <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions <input type="checkbox"/> High Fever <input type="checkbox"/> Diabetes Does the camper have any special needs? _____ _____ Any conditions that the camper is medicated for? _____ _____ *If any medication either prescription or over the counter, is coming into camp, it must be accompanied by a physician's order. The order should state the camper's name, the drug name, amount given, and time to be given. Prescriptions with "over the counter" medications MUST be in original, labeled bottles or containers. For prescription drugs, pharmacies will provide a duplicate empty bottle which is labeled and can be sent to camp. You will also have to fill out the Camp Calvary Medication Form which is obtained from the Camp Nurse. Date of last physical examination: _____ <b>It is mandatory for each camper to have an immunization record faxed, sent, or delivered by the child's physician before the first day they attend Camp Calvary. This is the parent's responsibility to arrange.</b> Family Physician: _____ Phone: _____ Hospital of Choice: _____</p>
<p><b>Field Trip Permission</b> <u><i>This section is only for children in 3rd through 9th grade</i></u> I, _____ hereby grant (Parent/Guardian's Name) permission to Camp Calvary to take my child _____ on all (Child's Name) field trips sponsored by Camp Calvary by any means of transportation that is provided. <b>PLEASE NOTE:</b> On scheduled field trip days, there will be no alternate program for children to attend other than the field trip.</p>		
<p><b>Parent Contact Info</b> <u><b>Mother's Info:</b></u> Full Name: _____ Cell #: _____ Work #: _____ Email: _____ <u><b>Father's Info:</b></u> Full Name: _____ Cell #: _____ Work #: _____ Email: _____</p>		

I have filled out this form to the best of my ability and state that all of the above information is true.  
I authorize Camp Calvary to obtain any medical care necessary for my child in case of an emergency and to use any means of transportation available. Should hospital care be necessary, I consent to the administration of such anesthetics and the performance of such treatment, surgery or medication deemed necessary or advisable by the hospital/medical staff in the event that my child is at the hospital.  
I authorize the staff of Camp Calvary to take emergency measures as necessary in the event that none of the people listed above can be reached.  
I release, indemnify, and agree to hold harmless, Camp Calvary, their directors, staff, and volunteers from any or all liability that may result from the participation of all activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_