City School District of New Rochelle

2019 Summer Shape Fitness Academy
Monday July 1st – July 25th
*No sessions on Fridays or Thursday, July 4th
*Camp is Monday through Thursday only.
8:30am-12:30pm New Rochelle High School

Registration Form

Parents or Guardian must fill in all blanks on registration form.

Name: _____ Current Grade: _____ D.O.B:_____ Sex: _____
School: _____
Address: _____ Zip _____Home Phone # _____

Mother/Guardian Name: _____
Father/Guardian Name: _____

Cell #: _____E-mail address: _____
List any conditions that will require monitoring and/or treatment by the School Nurse: _____

_____

_____

_____

Does your child have any allergies or sensitivities? Yes ____ No _____
If 'Yes', please explain:

_____

_____

Academy Choice (place an X next to one sport)

Tennis_____ Soccer _____ Basketball _____

The cost of the four week program is $325.00. The full payment is due at the time of registration. No refunds after the start of the program.

Make checks payable to:

City School District of New Rochelle

☐ I give my child permission to walk home

Signature of Parent or Guardian _____Date _____

Summer Camp Medical History and Emergency Form

THIS FORM MUST BE FILLED OUT BY PARENT OR GUARDIAN. THE INFORMATION IS REQUIRED BY NEW YORK STATE LAW. YOUR CHILD WILL NOT BE ADMITTED INTO CAMP WITHOUT THIS FORM COMPLETELY FILLED OUT. IMMUNIZATION RECORDS ARE TO BE ATTACHED.

NAME: DATE OF BIRTH: GENDER:

ADDRESS: ZIP: PHONE:

PARENT/GUARDIAN NAME: WORK PHONE:

IF NOT AVAILABLE IN EMERGENCY, NOTIFY:

PEDIATRICIAN: PHONE:

DATE OF LAST VISIT: IS CHILD ON MEDICATION? TYPE:

FOR: DOSAGE: TIME GIVEN:

IS CHILD EPILEPTIC? DATE OF LAST SEIZURE: DIABETIC?

HEALTH HISTORY

IS CHILD'S HEALTH, IN GENERAL, GOOD?

ALLERGIES OR SENSITIVITY

IS CHILD SUBJECT TO:

RHEUMATIC FEVER:
SINUS TROUBLE:
EAR INFECTIONS:
CONVULSIONS:
DIABETES:
FOODS:

CHICKEN POX:
OTHER:

FAINTING SPELLS:
POISON IVY, ETC.:
INSECT STINGS:
PENECILLIN:
OTHER DRUGS:
HAY FEVER:
ASTHMA

OPERATIONS OR SERIOUS INJURIES/DATES:

RESTRICITONS PLACED ON PROGRAM ACTIVITIES:

MODIFICATIONS/RESTRICTIONS/SUPPORTS DURING SCHOOL YEAR:

IMMUNIZATION RECORD:

A copy of the camper's Immunization record must be attached to this form.

Diphtheria/tetanus toxoid (4 doses)	Dates: _____ _____ _____ _____
Oral Pollo Vaccine (3 or more doses)	Dates: _____ _____ _____
Live Measles Vaccine (1 dose)	Date: _____
Live Rubella Vaccine (1 dose)	Date: _____
Live Mumps Vaccine (1 dose)	Date: _____
Varicella (Chicken Pox)	Date: _____
Haemophilus influenza type B	Date: _____
Hepatitus B	Date: _____

Parent's Authorization

This health history is correct as far as I know, and the person herein described as permission to engage in all prescribed camp activities except as noted by me or by his/her family doctor. If emergency care is need by my son/daughter _____ while he/she is attending or being transported to or from Camp, I hereby give my permission to the authorized agents of New Rochelle Parks and Recreation to obtain a doctor to medically treat my son/daughter. I authorize transportation to, and treatment at, a hospital where required. I agree to assume all responsibility for all charges so incurred. I also agree to allow New Rochelle Parks and Recreation to release any information to the hospital or to the doctor as may be required.

Insurance Type/Number: _____
Medicaid Number: _____

Signature of Parent or Guardian: _____
Date: _____

CAMP HEALTH OFFICE USE ONLY

NOTES

REVIEWED BY: _____ DATE: _____