

Town of Esterhazy - Beat the Heat 2023

Camper Information:				
First Name:		Last Name:		
Home Phone #:		Birth Date (mm/dd/yy):		
Address:		Unit #:		
City:		Postal Code:		
Main Contact Name		Relationship:		
Email Address:				
Daytime Phone #:		Cell #:		
Resides with	MOTHER	FATHER	BOTH	GUARDIAN

Emergency Contact: (Please note that every attempt will be made to first contact the child's main contact. Emergency Contacts should be different then main contact).		
Full Name:	Relationship:	Daytime/Cell:
Full Name:	Relationship:	Daytime/Cell:

Transportation To and From Camp: (Please provide full name and information, other than emergency contacts, for each person authorized to pick up camper from camp. Each authorized adult will be asked to show photo identification daily and be listed on this form).		
Full Name:	Relationship:	Daytime/Cell:
Full Name:	Relationship:	Daytime/Cell:
Full Name:	Relationship:	Daytime/Cell:
Full Name:	Relationship:	Daytime/Cell:
My child has permission to walk to and from camp unescorted by a parent/guardian: YES NO and can leave camp each day at this time: _____ pm		
My child has permission to return home for lunch unescorted by a parent/guardian and will return by 12:45pm YES NO		

Medical Information:			
Allergies: YES NO	Details:	Epi-pen Required? YES NO	If Yes, additional form is required
Medical (i.e. vision, hearing, seizures, diabetes, mobility)		YES NO	Details:
Asthma: YES NO	Inhaler: YES NO	Asthmatic Triggers:	
Developmental/Learning: (i.e. ADD, ADHD, Autism, Delays)		YES NO	Details:
Dietary/Exercise Restrictions:		YES NO	Details:
Will medication be needed during the camp day?		YES NO	If yes, complete <i>Medication Authorization Form</i>
Doctors Name:	Medical #:	Phone Number:	

Parent/Guardian,

I hereby release The Town of Esterhazy from all claims or damages arising from participation of the applicant hereon during any program or in any location where a program is held (i.e. field trips, organized swimming, etc.), except where such damage or injury is result of negligence of The Town of Esterhazy and/or its employees. Permission is hereby granted to the Recreation Department and its representatives to transport my child to a hospital for their medical treatment if necessary.

Photos are used throughout the program for the use of future promotions. Do you grant us permission to photograph your child (without the use of names?) for promotional purposes? YES NO

Signature _____

Date _____