

# Registration Form

Elizabethtown-Lewis Youth Commission  
Summer Program 2019

Child's Name: \_\_\_\_\_ Male / Female

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Grade: \_\_\_\_\_

***Emergency Contact Information (other than yourself, please):***

1) \_\_\_\_\_  
Full Name Phone Number

2) \_\_\_\_\_  
Full Name Phone Number

Please list below, any allergies and/or physical limitations of the child listed above:

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

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission for my child (named above), to be given emergency first aid treatment and/or be examined and treated at the nearest medical facility. In addition, I hereby release the Towns of Elizabethtown and Lewis and the Elizabethtown-Lewis Youth Commission from any and all liabilities due to accidental injury that was not caused by negligence. I hereby give employees of the Elizabethtown-Lewis Youth Commission my permission, in the event of an injury, to seek immediate medical attention.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

# Medical History

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please complete or initial each section below and sign at the bottom:**

Please list any allergies, sensitivities or other medical alerts that your child may have:

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**Has the camper traveled in the 2 weeks prior to camp, where possible exposures to communicable diseases could have taken place?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

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## **IMMUNIZATION RECORDS:**

I have supplied the camp with a copy of my child's current immunization record: \_\_\_\_\_

## **EMERGENCY MEDICAL RELEASE:**

In case of emergency, I hereby give permission to the physician selected by the camp to secure proper treatment for, hospitalize, and to order injection, anesthesia, or surgery for my child (named above). \_\_\_\_\_ **(initial to indicate agreement)**

## **SUNSCREEN PERMISSION:**

I grant permission for my child to carry / use sunscreen during the summer program for the purpose of protecting against overexposure to the sun. \_\_\_\_\_ **(initial for permission)**

## **PHOTO PERMISSION:**

I grant permission for the Elizabethtown-Lewis Youth Commission to use pictures or digital images, of my child (listed above), or of materials owned by me or my child, and to put the finished images to use, without compensation, in productions, publications, on the ELYC website and/or facebook page, or other materials related to the role and function of the Elizabethtown-Lewis Youth Commission. \_\_\_\_\_ **(initial to grant permission)**

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date