Registration Form

FUN FITNESS CAMP

Please fill out all information legibly & submit with registration fee

Child's name _____ Age _____ Sex _____

Address _____ State _____ CITY _____ Zip _____

Date of birth _____ School _____ Grade (Fall) _____

Parent 1 name _____ Parent 2 name _____

Email _____ Email _____

Address (if different) _____ Address (if different) _____

_____ _____

Phone: home _____ cell _____ Phone: home _____ cell _____

Place of employment _____ Place of employment _____

Normal work hours _____ to _____ Normal work hours _____ to _____

Dept. name (UR) _____ Dept. name (UR) _____

UR box # _____ Work phone _____ UR box # _____ Work phone _____

Emergency phone or pager for UR parent _____

Emergency contact name, relationship & cell phone _____

My child will be attending on the following days:

URMC Fitness Center - Fun Fitness Camp
Medical and Health History Form

Child's name _____ Birth date _____

New York State Required: Immunizations (specific dates) - Please fill out or attach immunization record

Diphtheria boosters (tetanus & pertussis only recommended) 3 or more doses				
Polio (Sabin) or (Salk) 3 or more doses				
Measles				
Mumps after age 1				
Rubella				
Tuberculin				
Rubella 2nd or MMR #2 (at least 3 months since last MMR) (preferably between age 4-6)				
Hepatitis B				
Varicella (chicken pox)				
Haemophilus influenza type b				

Important Health information - Please fill out all information listed below

CONDITION	YEAR/ REMARKS	CONDITION	YES/ NO	SPECIFIC INFORMATION
Chicken Pox		Allergies		
Scarlet Fever		Asthma		
Pneumonia		Convulsions/ Seizures		
Any fractures		Diabetes		
Surgeries		Ear conditions (t-tubes)		
Head injuries		Glasses		
Heart Disease		Congenital Defects		

Medication(s) at this time, and reason _____

Is there any other health issue that you feel we should be aware of? _____

I certify that my child is in good health and has no physical condition that would prevent him/her from participating in camp activities. I give permission for camp staff to take action in the event of an emergency, as needed, until I am able to be reache

Medical Insurance Carrier _____ Policy # _____

Parent signature _____ Date _____