2024 DAY Camp Registration Form

ONE FORM PER CHILD

Camper's Name: _____ Gender: M___ F___ Member #: _____

Address: _____

Date of Birth: _____ Grade **(as of 9/24)**: _____

Parent(s)/Guardian Name: _____ Primary Email: _____

Home Phone: _____ Mother's Cell: _____ Business #:_____

(Please include area code for all numbers) Father's Cell: _____ Business #:_____

Physician Name: _____ Phone #_____

To ensure that your child has a safe and positive camp experience, please list any special needs that your child may have, including emotional, behavioral or learning disabilities: _____

_____

_____

Is there a friend who you would like your camper to be grouped with? (*If possible—**not** a guarantee)* _____

We occasionally take photographs of camp activities to share the positive vibe and updates.
Please sign here if you do not authorize us to publish photos which may include your child. _____

Camp is in session Monday through Friday, 8:45am drop off and 3:30pm pick up.

PRICE PER WEEK: $625
A $300 non-refundable deposit is required.

Please select which week(s) your child will be attending:

- ☐ **Monday, July 1 – Friday, July 5**
  (No Camp 7/4: Fees Prorated)
- ☐ **Monday, July 8 – Friday, July 12**
- ☐ **Monday, July 15 – Friday, July 19**
- ☐ **Monday, July 22 – Friday, July 26**
- ☐ **Monday, July 29 – Friday, August 2**
- ☐ **Monday, August 5 – Friday, August 9**

Registration is open on a first come first served basis by grade and gender.
Please note that camp is open to non-members that are sponsored by a current member.
Return the above form ASAP to Tamarack Country Club, 55 Locust Road, Greenwich, CT 06831
Attention: CAMP, with your non-refundable check for $300, PER CHILD
(Faxed or phone registrations will not be accepted.)

Camper's name to be printed on sports bag (first name only): _____
Pre-shrunk polo, $25.00 per shirt; DAY CAMPERS are required to wear KHAKI shorts each day.

Please indicate quantity for camp uniform shirts:

	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)	Youth XL (18-20)	Adult S	Adult M	Adult L	Adult XL
Quantity:								

Tamarack Country Club
2024 Medical Release Form

***Must be signed by the parent and physician**

Camper's Name: _____ Date of Birth_____

Address: _____

By signing this form, I certify that I accept complete responsibility for the health of my child and that, to the best of my knowledge, the camper is in good health.

I understand that should my child become injured or ill and I/we or my/our designate cannot be reached by the Camp director, my/our child will be taken by camp staff to the Greenwich Hospital Emergency Room for appropriate treatment for which I will be financially responsible. I understand that medical care, with the exception of simple first-aid measures, such as cleansing of cuts or scratches, placement of bandages, etc. will not be provided by camp personnel or physicians for the purpose of providing medical care to campers.

Signature of Parent/Guardian: _____ Date _____

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By signing this form, I certify that I have examined the above camper within the past 36 months and that (s)he was capable of participating in normal physical activities as of that date.

I certify that the above camper has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, rubella and any other diseases specified in Section 10-204a of the Regulations of Connecticut State.

_____ _____

Signature
(Doctor, R.N. or Physician's Assistant)

State License Number:

Date: _____Concerns:_____

PLEASE RETURN AND ENCLOSE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH THIS COMPETED FORM BEFORE JUNE 1, 2024.
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Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order **(Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):**

Name of Child _____ Date of Birth ____/____/____Today's Date ____/____/____

Medication Name _____ Controlled Drug? ☐YES ☐NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date _____/_____/_____ Stop Date _____/_____/_____

Is this medication to be self-administered by the child? ☐Yes ☐ No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? ☐YES ☐NO Reactions to? ☐YES ☐ NO Interactions with? ☐YES ☐NO

If "yes" to any of the above, please explain _____

Prescriber's Name_____ Phone Number (_____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date _____/_____/____

Child's Name _____ Address _____ Town_____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____Last Name _____

Relationship to Child: ☐Mother ☐ Father ☐ Guardian/Other explain: _____

Address _____ Town _____Phone Number (_____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____