

2022 DAY Camp Registration Form

ONE FORM PER CHILD								
Camper's Name:		Gender: MF_	Member #:					
Address:								
Age (as of 6/22)	Grade (as of 9/22)	Date of Birth	n:					
Parent(s)/Guardian Name:	Primar	y Email:						
Home Phone:	Mother's Cell:	Bus	siness#:					
(Please include area code for all	numbers) Father's Cell:	Bus	siness#:siness #:					
Physician Name:		Phone #						
			ny special needs that your child may					
Is there a friend who you v	vould like your camper to be grow	uped with? (If possible—	not a guarantee)					
We occasionally take photo Please sign here if you do	ographs of camp activities to sha not authorize us to publish photo	re the positive vibe as which may include	and updates. e your child.					
Camp is in	session Monday through Frida	ıy, 8:45am drop off	and 3:30pm pick up.					
	15% discount if enro A \$300 non-refundable	olling in all 7 we e deposit is requ	eks iired.					
	Please select which week(s) your child will be	attending:					
	☐ Monday, June 27 –	Friday, July 1						
	☐ Tuesday, July 5 – F	•						
	\square Monday, July 11 – 1	• • •						
	\square Monday, July 18 – \square	• • •						
	\square Monday, July 25 – \square	-						
	• • •	• • •	+ 5					
	☐ Monday, August 1 -	•						
	☐ Monday, August 8 -	- Friday, Augusi	t 12					
Please note tha Return the above fo Attentio	tion is open on a <u>first come first</u> camp is open to non-member rm ASAP to Tamarack Count n: CAMP, with your non-refundable (Faxed or phone registration)	s that are sponsore ry Club, 55 Locust ndable check for \$3 ns will not be accepted.	d by a current member. Road, Greenwich, CT 06831 800, PER CHILD					
Camper's name to be pri Pre-shrunk white	nted on sports bag (first name of Jersey Blend polo, \$25.00 per sh	only): irt; Day Campers w	ear khaki shorts each day.					

Youth Small Medium Large (14-16) Youth XL (18-20) Adult Medium Adult Large XL Quantity

Please indicate quantity for camp uniform shirts:



Tamarack Country Club 2022 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 comthat, to the best of my knowledge, the camper	aplete responsibility for the health of my child and is in good health.			
reached by the Camp director, my/our child w Emergency Room for appropriate treatmer understand that medical care, with the except	ured or ill and I/we or my/our designate cannot be fill be taken by camp staff to the Greenwich Hospital at for which I will be financially responsible. I ion of simple first-aid measures, such as cleansing of will not be provided by camp personnel or physicians ampers.			
Signature of Parent/Guardian:	Date			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
By signing this form, I certify that I have examined that (s)he was capable of participating in n	ined the above camper within the past 36 months ormal physical activities as of that date.			
	adequately immunized against diphtheria, tetanus, ther diseases specified in Section 10-204a of the			
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 on or before June 1, 2022.

## **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 <u>before</u> 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):

	AND A SECTION ASSESSMENT OF THE SECTION AND ASSESSMENT OF THE SECTION AND ASSESSMENT OF THE SECTION ASSESSMENT OF THE SECT					00,.
Name of Child	Date of Birth	/_	/_	Today's Date		
Medication Name						
Dosage Method					SECTION DESIGNATION	
Specific Instructions for Medication Adm						
Medication Administration: Start Da						
Is this medication to be self-administered				□No		
Relevant Side Effects of Medication						
Plan of Management for Side Effects						
Known Food or Drug Allergies? TYES					ı? □YES□	JNO
If "yes" to any of the above, please expla	ain					
Prescriber's Name						
Prescriber's Address						
Prescriber's Signature						
Parent/Guardian Authorization:						
I request that medication be administered	d to my child as descril	bed ar	nd dii	rected above.		
Name of Camp				Today's Date		
Child's Name						
Name of Parent/Guardian Authorizing Ac First Name						
Relationship to Child: Mother Fath	her  Guardian/Other	expla	in: _			
Address	Town		_Ph	one Number (	)	
Signature of Parent/Guardian Authorizing	g Administration of Med	dicatio	n	> y	-	
Name of Camp Personnel Receiving W	Vritten Authorization	and M	ledic	ation	***************************************	
Title/Position						
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