

## **2022 SPORTS** Camp Registration Form

ONE FORM PER CHILD

Camper's Name:		_ Gender: M_	F	Member #:
Address:				
Age (as of 6/22)	Grade <mark>(as of 9/22)</mark>	Date of	Birth:	
Parent(s)/Guardian Name:	Prim	ary Email:		
Home Phone:	Mother's Cell:		Busin	ness#:
(Please include area code for all nu	<i>mbers</i> ) Father's Cell:		Busin	ness #:
Physician Name:		Phone	#	
To ensure that your child has	a safe and positive camp exp	perience, please	list any	special needs that your child may
have, including emotional, be	ehavioral or learning disabili	ties:		

Is there a friend who you would like your camper to be grouped with? (*If possible*—<u>not</u> 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 from March 1-April 30: \$650 Price per week after May 1: \$700 15% discount if enrolling in all 7 weeks A \$300 non-refundable deposit is required.

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

- □ Monday, June 27 Friday, July 1
- □ Tuesday, July 5 Friday, July 8
- □ Monday, July 11 Friday, July 15
- □ Monday, July 18 Friday, July 22
- □ Monday, July 25 Friday, July 29
- □ Monday, August 1 Friday, August 5
- □ Monday, August 8 Friday, August 12

Registration is open on a <u>first come first served</u> 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 white Jersey Blend polo, \$25.00 per shirt; Sports Campers wear white shorts each day.

#### Please indicate quantity for camp uniform shirts:

		Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)	Youth XL (18-20)	Adult Small	Adult Medium	Adult Large	Adult XL
Qua	ntity								



# 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 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 \_\_\_\_\_

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 on or before June 1, 2022.

### Authorization for the Administration of Medication

regarding the Administration Parents/guardians requestin program with appropriate wir administered. Medications n medication, directions for me shall be destroyed if not pick	nps administering medications to children shall comply with all requirements of Medications described in the CT State Statutes and Regulations. g medication administration to their child while at camp shall provide the itten authorization(s) and the medication <u>before</u> any medications are just be in the original container and labeled with child's name, name of edication's administration, and date of the prescription. All unused medication ed up within one week following the camper's departure at the end of camp. <b>Order</b> (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):
Name of Child	Date of Birth/Today's Date//
	Controlled Drug? YES NO
	Method Time of Administration
	cation Administration
	Start Date/ Stop Date//
	administered by the child?
Relevant Side Effects of Med	lication
	e Effects
	s? YES NO Reactions to? YES NO Interactions with? YES NO
	lease explain
	Phone Number ()
	Town
Parent/Guardian Authoriza	ion:
I request that medication be	
	administered to my child as described and directed above.
Name of Camp	
Name of Camp	Today's Date / /
Name of Camp Child's Name	
Name of Camp Child's Name Name of Parent/Guardian Au	Today's Date// AddressTown
Name of Camp Child's Name Name of Parent/Guardian Au First Name	Today's Date // Address Town thorizing Administration of Medication as described and directed above:
Name of Camp Child's Name Name of Parent/Guardian Au First Name Relationship to Child:Mot	Today's Date // Address Town thorizing Administration of Medication as described and directed above: Last Name
Name of Camp Child's Name Name of Parent/Guardian Au First Name Relationship to Child:Mot Address	Today's Date/ _/ AddressTown thorizing Administration of Medication as described and directed above: Last Name her Father Guardian/Other explain:
Name of Camp Child's Name Name of Parent/Guardian Au First Name Relationship to Child:Mot Address Signature of Parent/Guardiar	Today's Date/ _/ AddressTown thorizing Administration of Medication as described and directed above: Last Name herFather Guardian/Other explain: TownPhone Number ()
Name of Camp Child's Name Name of Parent/Guardian Au First Name Relationship to Child:Mot Address Signature of Parent/Guardiar Name of Camp Personnel F	Today's Date//