



ASTON TOWNSHIP CAMP REGISTRATION FORM



Name: _____
Last First

Nick Name: _____

Sex: Male Female

Address _____

Home Phone Number _____

Date of Birth _____

Grade Entering: _____

PARENTS/GUARDIAN

Mother: _____

Address: _____

Work Number: _____

Cell Number: _____

Home Number: _____

Father: _____

Address: _____

Work Number: _____

Cell Number: _____

Home Number: _____

EMERGENCY CONTACT(S) AUTHORIZED PICK UP (If Parent CANNOT Be Reached).

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

NOTE: A Snack is provided at mid-morning, if your child requires a special diet please provide his/her snack. Please **do not** send any other food with child.

PLEASE COMPLETE REVERSE SIDE

MEDICAL INFORMATION

Chronic Physical Problems/Pertinent Information/Special Accommodations Requested

Allergies or Intolerance to Food, Medications, etc and actions to be taken in an Emergency

Has your child ever been stung by a bee and reaction he/she had:

AGREEMENTS

1. Camp Aston agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked-up as soon as possible if so requested by Camp Aston personnel.
2. The parent/guardian authorizes Camp Aston to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. Each child will be informed of the rules for safe and acceptable play. The parent/guardian hereby understands and agrees that should the child violate the camp rules creating a danger to him/herself or others or otherwise creating a distraction from the camp activities, the child will be asked not to return to camp.
4. Children are NOT PERMITTED to have cell phones in their possession during camp hours. All cell phones must be turned into Counselors at time of arrival and will be returned at time of departure. Please make sure your child's cell phone is properly labeled.

Parent/Guardian Signature

Date

***If there is an objection to seeking emergency care, a statement should be obtained from the parent/s or guardian that states their objection and the reason for their objection and attached to this form.**

Additional Comments:

CAMP ASTON PERMISSION SLIP

My child has permission to participate in "water day" when the fire truck/s visit.

Date _____

Signature of parent/guardian

I give permission for my child's photo to appear on the Aston Township Website/Facebook/Twitter Pages.

Date: _____
