

CENTRAL BLAIR RECREATION COMMISSION

SUMMER DAY CAMP

REGISTRATION FORM – 2020

BTW CENTER (1010 – 19 Street)

(814) 949-2231

For Office Use Only
Days a Week _____
Registration Fee _____
Receipt Number _____

This form must be completed and returned to CBRC at the address below along with your \$30.00 registration fee to be registered for the camp:

PLEASE CIRCLE CBRC PROGRAM: 3 days a week or less 4 or 5 days a week

PARTICIPANT'S NAME _____ SEX M F

ADDRESS _____ ZIP _____

PHONE _____ EMERGENCY or CELL PHONE _____

WANT TEXT ALERTS? YES _____ CARRIER _____ NO _____

GRADE (Fall 2020) _____ SCHOOL _____

E-MAIL ADDRESS _____ DATE OF BIRTH _____ AGE _____

T-SHIRT SIZE: YS (6-8), YM (10-12), YL (14-16), AS (34-36), AM (38-40), AL (42-44)

Mother's Name _____ Birthdate _____ Work Phone _____

HOME ADDRESS _____ ZIP _____

Father's Name _____ Birthdate _____ Work Phone _____

HOME ADDRESS _____ ZIP _____

Emergency Contact: _____ Phone _____

Emergency Contact: _____ Phone _____

HEALTH AND SAFETY INFORMATION:

Family Physician _____ Phone _____ Hospital _____

Specify any allergies and nature of allergic reaction

Specify any medications currently being administered (staff cannot administer medication)

Specify any emotional/learning problems, special needs, etc.

Indicate any physical activities to be restricted

LIST NAME(S) OF ADULTS WHO HAVE PERMISSION TO PICK UP CHILD AT THE END OF DAY.

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

INDICATE START DATE (your child's first week must be paid by **Wednesday, June 3, 2020**, at the Main Office, 2101 Fifth Avenue, (no exceptions).

INDICATE TIME CHILD WILL BEGIN CAMP EACH DAY _____

INDICATE TIME CHILD WILL LEAVE CAMP EACH DAY _____

LIST DAYS OF WEEK YOUR CHILD **WILL** ATTEND _____

LIST PLANNED VACATION DATES _____

MY CHILD HAS () HAS NOT () TAKEN SWIM LESSONS. IF SO, HAS COMPLETED WHAT LEVEL _____

WAIVER FOR PARTICIPANT: In consideration for accepting my child's enrollment, I, hereby for myself, my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Central Blair Recreation & Park Commission, the City of Altoona, Logan Township or the Altoona Area School District and its representatives, successors, and assignee for any and all injuries suffered by myself or my child at any activity sponsored by this group. Also, I give permission for my child to participate in any and all activities and/or field trips with this program. Additionally, I agree that my child's picture may be taken during regular program hours participating in an activity in the building or during a field trip during the entire time of my child's enrollment. Further, I give permission for staff to walk my child to the BTW outdoor playground site located at 1214 – 19 Street, Altoona, PA 16601.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Return this information, along with a \$30 registration fee (includes Summer Day Camp T-Shirt) to:

CENTRAL BLAIR RECREATION & PARK COMMISSION
2101 FIFTH AVENUE
ALTOONA, PA 16602