

CENTRAL BLAIR RECREATION COMMISSION

CARING BEARS RECREATION CAMP

REGISTRATION FORM – 2011

Cub's Den (1010 – 19 Street)

(814) 949-2231

For Office Use Only
Book Number _____
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

GENERAL INFORMATION:

PARTICIPANT'S NAME \_\_\_\_\_ SEX M F

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY or CELL PHONE \_\_\_\_\_

GRADE (Fall 2011) \_\_\_\_\_ SCHOOL \_\_\_\_\_

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)

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ 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 2<sup>nd</sup>, at the Main Office, 2101 Fifth Avenue, (no exceptions). All other weekly payments can be made at the Cub's Den.

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. Further, I give permission for my child to participate in any and all activities and/or field trips with this program.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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

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