

**Hawks Game Day Camp**  
**Registration 2012**  
**For Boys and Girls in Grades K-6**  
**Featuring Mr. Papp and Mr. Burt**



**Part 1. Camper's Information – PLEASE PRINT**

First Name:			Last Name:		
Grade (circle one) K    1    2    3    4    5    6			Gender (circle one): Male / Female Do you Accept Text Messages? (circle one): Yes / No		
Street Address:			Home Phone:	Cell Phone:	
City:	State:	Zip:	Email	Allergy (circle one) Yes / No What type?	
1 <sup>st</sup> Emergency Pick-up Person's Name			1 <sup>st</sup> Emergency Pick-up Person's Phone Number		
2 <sup>nd</sup> Emergency Pick-up Person's Name			2 <sup>nd</sup> Emergency Pick-up Person's Phone Number		
<b>Only the camper's mother, father, guardian or emergency contact people may pick up the camper. For any other arrangements, please contact Mr. Papp or Mr. Burt.</b>					

**Part 2. Circle each session you wish for your child to attend. Next, circle whether you need morning care, afternoon care, or both.**

Session 1	September 17
Session 2	September 26
Day Camp Cost for September 17	\$60.00
Day Camp Cost for September 26	\$60.00
Morning Care for one day (7:30-9:00am)	\$10.00
After Care for one day (3:30-5:00pm)	\$10.00
Both Morning and After Care for 1 day of use	\$15.00

**Part 3. Parent or Guardian Permission**

Mother's First Name:	Mother's Last Name:
Father's First Name:	Father's Last Name:

I certify that my child \_\_\_\_\_, to be in good health and give permission for his/her participation in Hawks Game Day Camp. I authorize emergency and medical treatment which may be needed in the event of an injury. I also understand that primary insurance coverage is my own responsibility through my individual or family plan. I agree to defend, indemnify and hold harmless Hawks Game Day Camp, Princeton Charter School and instructional personnel in the event of injury to my child.

\_\_\_\_\_  
Signature of Parent or Guardian

**Part 4. Payment**

Complete one application per camper. Print two copies. Keep one copy for your records and submit the other copy of this application with payment to Princeton Charter School. Please note: Your child is not considered registered until this application and payment have been received. **All payment should include both the cost of camp and before or after care.**

**Make checks payable to Princeton Charter School.**

**Please complete and return the Student Health Questionnaire on the next page to Mr. Papp and Mr. Burt.**



# STUDENT HEALTH QUESTIONNAIRE 2012

Student's name \_\_\_\_\_ M / F \_\_\_\_\_ Grade (Fall,2012) \_\_\_\_\_  
(printed) (circle one)

Does your child have: *Please explain below if you check "yes" to anything.*

	YES	NO
Allergies to food	_____	_____
Allergies to medication	_____	_____
Allergy to latex	_____	_____
Allergy to bee stings	_____	_____
Asthma	_____	_____
Diabetes	_____	_____
Seizure disorder	_____	_____
Heart problem	_____	_____
Neurological problem	_____	_____
Scoliosis	_____	_____
Surgery (recent)	_____	_____
Stitches (over summer)	_____	_____
Fractures (over summer)	_____	_____
Daily medication	_____	_____
Comments:		

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical examination (approx.) \_\_\_\_\_

\_\_\_ Yes, my child has health insurance Insurance Company \_\_\_\_\_

\_\_\_ No, my child does not have health insurance.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Consent for Emergency Medical Treatment

In case of accident or serious illness, I request the school nurse to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, my child should be transferred to the closest Emergency Room (ER) or trauma center (if necessary) where the ER doctor may assess, diagnose, and treat in order to provide comfort. Surgical intervention will require parental/guardian permission unless the illness is life-threatening.

Family Physician's name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Mr. Burt or Mr.Papp. Thank you.