

HOUSEHOLD DETAILS

Adult First Name _____ Adult Last Name _____

Primary Email _____

Other Email _____

Address _____

City _____ State _____ Postal Code _____

Place of Employment _____

Work Phone (Enter as 999-999-9999) _____

TEXT MESSAGE ALERTS

Cell Phone Carrier (Circle one): AT&T T-Mobile Sprint Virgin Mobile Verizon

Cell Phone Number _____

SECOND PARENT OR GUARDIAN

First Name _____ Last Name _____

Place of Employment _____

Work Phone (Enter as 999-999-9999) _____

Cell Phone Number _____

REGISTRATION CATEGORY

Registration Category (Circle One): A1 = \$210 A2 = \$330 B= \$750

EMERGENCY CONTACT DETAILS (NON PARENT INFO)

Emergency Contact Name 1 _____

Emergency Contact Phone Number 1 (Enter as 999-999-9999) _____

Emergency Contact Name 2 _____

Emergency Contact Phone Number 2 (Enter as 999-999-9999) _____

WAIVER & AGREEMENT TO TERMS

Please read all waivers & agreements carefully. Waivers and agreements may include release of liability and waiver of legal rights and deprive you of the ability to sue certain parties. Your electronic agreement acknowledges that you have both read and understood all text presented to you as part of the registration process.

Parent/Guardian has been given a paper copy of the waiver (Circle one): Yes No

Parent/Guardian has signed & returned the paper copy of the waiver (Circle one): Yes No

Parent Signature: _____

PARTICIPANT DETAILS (YOUTH)

First Name _____ Last Name _____

Nickname _____

Date of Birth (DD/MM/YYYY) _____

Gender (Circle one): Female Male

School (Circle one): Central Chatsworth Mamaroneck Murray

Grade (Circle One - Rising Grade for Sept 2017): 1st 2nd 3rd 4th 5th

Shirt Size (Circle one): Youth M Youth L Adult S Adult L Adult XL Adult 2XL

HEALTH QUESTIONS

List any food allergies or write "none" _____

List any drug allergies or write "none" _____

List any insect allergies or write "none" _____

List any environmental allergies or write "none" _____

Does your child have asthma? (Circle one): Yes No

Does your child have diabetes? (Circle one): Yes No

Has your child had any head injuries in the past 6 months?(Circle one): Yes No

Does your child have any medical, physical, learning, or emotional problems that impact his/her daily activities? (Circle one): Yes No

Is your child currently taking any prescription medication? (Circle one): Yes No

List medications that need to be administered during camp or write "none" _____

If medication is required during camp, have you received the Medication Permission Form? Yes No

Has your child ever been exempted from immunization requirements? (Circle one): Yes No

DISMISSAL QUESTIONS

For Grades 1, 2 and 3: List authorized Adults for pick up: _____

For Grades 4 and 5 - select your child's dismissal procedure (Select One):

- Pick up only by an adult
- Pick up by an adult or an older sibling
- My child is allowed to walk home independently

For Grades 4 and 5: List authorized Adults AND/OR Siblings for pick up: _____

FIELD TRIP QUESTIONS

My child may participate in walking field trips inside of Mamaroneck (Circle one): Yes No

My child may participate in local field trips that require traveling by bus including but not limited to regular bus trips to swim at Hommocks Pool (Circle one): Yes No

My child may participate in field trips that require traveling by bus and that take my child outside of Mamaroneck (Circle one): Yes No

REGISTRATION STATUS

REGISTRAR: Have you placed this child on the master list to hold their name for a spot in Co-Op? (Circle one):

- Yes, registered & accepted \$
- Yes, but waitlisted - no \$ collected