

2024 Newtown Community Center Summer Bash

REGISTRATION FORM

Kindly print – circle where appropriate. Please complete a separate registration for each child.

Camper's Name: _____ DOB: _____

Home Phone: _____ **Grade Completed by June 2024:** _____

Camper's Address _____

Town: _____ State: _____ Zip Code: _____

Has your child previously attended NCC Summer Bash Camp before? YES NO

Please list the name(s) of any siblings enrolled (if applicable): _____

Parent / Guardian's Name: _____

Employer: _____ Address: _____ Cell

Phone: _____ Work Phone: _____ E-Mail

Address: _____

Parent / Guardian's Name: _____

Employer: _____ Address: _____ Cell

Phone: _____ Work Phone: _____ E-Mail

Address: _____

In case of an emergency, if you cannot be reached, please give the names of two people who may be contacted:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

☐ Yes No I have carefully read, fully understand, and agree to abide by all the policies and procedures in the Newtown Community Center Summer Bash Handbook.

Parent / Guardian Signature: _____ Date: _____

**** Must be returned before the Camper can attend camp****

Newtown Community Center Summer Bash 2024 MEDICAL RELEASE FORM

We are required by state law to maintain records on the following. Please read carefully and thoroughly complete each section.

SECTION A: Topical Medication Permission We must have the parent's written permission on file before we can apply non-prescriptive topical medications. Please check which medications we are authorized to use on your child by checking the appropriate box(es) and signing below.

☐ Insect Repellent

☐ Other non-prescriptive topical medications (such as sunscreen)

I, _____, authorize the use of these topical medications on my child. (Parent or Guardian)

SECTION B: Emergencies In cases of emergency, we follow one or more of the following procedures: Administer First Aid and/or CPR. Contact the emergency medical team. Contact our consultant pediatrician. Contact the parent or authorized relation. Contact the child's physician. A staff member accompanies the child to the hospital and stays with the child until the parent arrives. Hospital Preference: If necessary, the child will be taken to Danbury Hospital unless otherwise indicated. _____ - Hospital Preference (Danbury Hospital or New Milford Hospital only)

Before we may perform any of these procedures, we must have written authorization on file from a parent or guardian. Please sign the following:

I, _____, authorize Newtown Community Center to perform any of the above (Parent or Guardian) emergency procedures deemed necessary.

SECTION C: Medication and Allergy Alert If your child takes medication daily, has any allergies or suffers from asthma, please provide the following information:

Allergies:

Medication Authorization: When absolutely necessary, Newtown Community Center may administer medications, accompanied by doctor's orders, with clear directions for dispensation, the name of the medication, the child's name clearly marked on the medication and turned into the administrative office.

☐ I authorize administration of medication.

☐ I DO NOT authorize administration of medication.

Child's Name: _____

Grade Completed by June 2024: _____

Parent / Guardian Signature: _____ Date: _____

Emergency Contact Form

Child's Name: _____

Home Phone: _____

Address: _____

Parent/Guardian Name: _____

Place of Work: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian Name: _____

Place of Work: _____

Work Phone: _____

Cell Phone: _____

Physician's Name: _____

Office Phone: _____

Dentist's Name: _____

Office Phone: _____

Emergency Contact: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

ALLERGIES/SPECIAL HEALTH NEEDS: _____
