

WARC DAY CAMP PERMISSION REGISTRATION 2011

One Form Per Child

Please return this form to Windsor Township, Recreation Director, Dania Beard by June 1st.

Participant's Name: _____ Age: _____

I give my child permission to walk or bike ride to and from the Emanuel Lutheran Church WARC Day Camp site.

Print and Sign above

Date

I give my child permission to travel offsite by bus for the following events:

_____ Any WARC pre-planned Field Trip

Field trips include: Wisheaven Pool, Bowling, Mini Golf, Bike safety program, LaserTag & Laser light show, Dance program, AC Moore Store visit, Sign Language program, Whitaker Science Center, York Waste Tour, Strasburg Railroad, & Zoo America/Hershey's Chocolate World.

Day Camper T-shirt Size _____ **YS** _____ **YM** _____ **YL** _____ **AS** _____ **AM**

Medical Information

My child has the following allergies and or dietary restrictions:

I give my child permission to take the following medications at the specified times while at Summer Day Camp. I understand that my child must self-administer the stated medication and that WARC Day Camp staff will not be responsible for any lost medication. Medication must be labeled with campers' name on it and sealed. Day Camp staff may keep as such in staff administrative box if necessary away from other campers.

Medication: _____ Time(s) to be taken: _____

Medication: _____ Time(s) to be taken: _____

Parent/Legal Guardian Signature: _____ Date: _____

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