

**WARC DAY CAMP PERMISSION REGISTRATION 2010**

One Form Per Child

Please return this form to Windsor Township, Recreation Director, Dania Ashby by June 1<sup>st</sup>.

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:** Wisehaven Pool, Bowling, Mini Golf, Reptile Program at Nixon Park, Roller skating, Bike safety program, LaserTag & Laser light show, Lake Tobias, Indian Steps Museum, Giant Food Store Tour, PETCO Store Tour, and North Museum.

**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 allowed to keep any medication in their supervision.

Medication: \_\_\_\_\_ Time(s) to be taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Time(s) to be taken: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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