

# Plumeri Camp Registration Form

\_\_\_\_\_   
*first letter of  
Last name*

Program: Plumeri Camp  
Session (s): 1 2 3 4 5  
(Circle all that apply)

ParticipantName: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age as of 7/7/14: \_\_\_\_\_ Male / Female  
Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## PARTICIPATION & MEDIA RELEASE

I, the undersigned grant the College of Saint Rose permission to use photographs and/or videos that include my child participating in Summer Camp activities, and use them as documentation and promotional efforts to help further the respective missions of the College of Saint Rose.

I have read and freely sign this agreement which shall take effect as a sealed instrument.

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

# Plumeri Camp Medical History Form

Camper's Name: \_\_\_\_\_  
 Allergies (ie. bee stings): \_\_\_\_\_  
 Present Medication: \_\_\_\_\_  
 Special Needs/Diets: \_\_\_\_\_  
 Restrictions/Limitations: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Physician's Telephone #: \_\_\_\_\_  
 \*Immunization Record:

Immunization	Date

\*If your child has not received immunizations, please provide a written and signed statement as to why\*  
 Recent/current illness/injury/existing medical condition: \_\_\_\_\_  
 Other Health Concerns: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Emergency Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## MEDICAL RELEASE

The College of Saint Rose Release Statement:

I hereby release The College of Saint Rose and all members of the Plumeri Camp Program from any and all claims and liability of any kind of personal injury or property damage due to participation in this Program. I certify that my child is in good health and is able to participate in physical activities, including exercise. In the event of illness or injury, I grant The College of Saint Rose representatives the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for any and all medical expenses incurred by my child while attending the program. I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge The College of Saint Rose and all program staff, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in program activities or while at the program, whether or not damages, injury, or loss is due to negligence.

I have read and freely sign this agreement which shall take effect as a sealed instrument.

Parent/Guardian Signature

X \_\_\_\_\_ Date: \_\_\_\_\_