

ICC Camp LIFE Registration Form

Camper Information

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: Male Female E-mail: _____

T-shirt size: small medium large extra large

Address: _____

Parent Information

Father's Name: _____ Phone (best # for contacting): _____

Mother's Name: _____ Phone (best # for contacting): _____

Parent's E-mail: _____

Physician Information

Name: _____ Phone: _____

Date of last examination: _____

Camp Fees: \$ 250.00

Make the check payable to India Community Center and mail to Nilesch Patel, 31 Sutton Point, Pittsford, NY 14534. (Please note: No refunds will be given for cancellations after December 10).

Parental Permission/Responsibility/Declaration:

- I consent to the enrollment of my child in Camp LIFE of India Community Center.
- I hereby release India Community Center, its employees and agents from any liability for any accident or injuries that my child may sustain while attending the camp.
- I have attached the Medical Form.
- I understand that if all parts of the application and the Medical Form are not complete, the camper will not be admitted until all the information has been submitted and the enrollment is still open.
- I give permission to Camp LIFE agents to dispense medications to my child and treat for emergencies.

Signature of Parent (Name: _____)

Date: _____

Camp LIFE – Medical Form

Medical Information (to be filled in by the parent)

Name of Camper: _____

Requests for Restriction while at camp:

Special Diet/Eating Disorder: _____

Swimming, Diving: _____

Limitations to Activity: _____

Allergies:

Medication: _____ Food: _____

Bee Stings/Insect Bites: _____ Poison Ivy: _____

Other: _____

Health History: Y= Yes, N= No (if yes, please explain management on the back)

Seizure Disorder: _____ Diabetes: _____ Musculoskeletal: _____

Athletic Injuries: _____ Bleeding/Clotting: _____ Heart Abnormality: _____

Mononucleosis: _____ Asthma: _____

Communicable Diseases (specify): _____ Chronic/Recurring Illness: _____

Has the camper been diagnosed with ADD or ADHD? _____

If yes, is the camper on medications: _____

List All Medications (Prescribed and over-the-counter) and list conditions for which they are prescribed:

Name	Dosage Amount	Frequency	Duration	Route
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health Insurance Information:

Name of Insurance Co.: _____ Policy No.: _____

Primary Insured on the policy: _____ Insurance Co. phone: _____