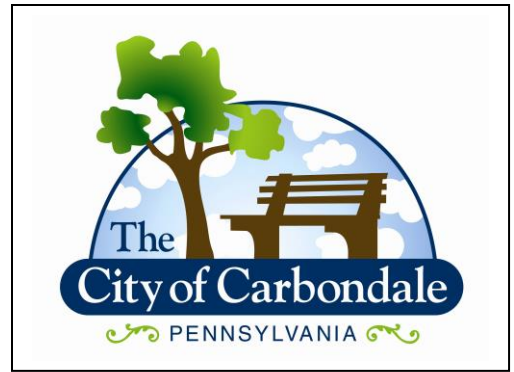


SUMMER YOUTH CAMP

Application



Requirements:

1. Applicants **must** reside in the City of Carbondale
2. Applicants **must** be between 7 and 12 years old.

ALL DAY CAMP APPLICANTS FILL OUT THIS PAGE

PLEASE PRINT

CAMPER INFORMATION

How did you hear about The City of Carbondale Summer Youth Camp? Web Site Friend Newspaper Other

Last Name:	First:	Middle:
Nickname (optional):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:
Street Address:	City:	State/Zip:
County:	E-Mail:	
Phone(with area code) ()		

Name of Person Filling out Application and Relationship to the Applicant:

_____ / _____

PARENT / FOSTER PARENT / GUARDIAN INFORMATION: (Foster child? Yes No)

2. Full name of parent/guardian ()	occupation ()
Email	work phone with area code ()
	Cell phone with area code ()
Email	work phone with area code
	cell phone with area code

Who will bring your child to camp? _____

Who will pick up your child? _____

Is your child allowed to walk home alone from camp? (Yes or No) _____

Who is restricted from visiting your child at camp? _____

EMERGENCY CONTACT OTHER THAN PARENT/GAURDIAN:

()
 Name phone with area code relationship to applicant

()
 Name phone with area code relationship to applicant

HEALTH HISTORY (Check all that applies and give approximate dates.)

- Frequent ear infections _____
- Chicken pox _____
- Measles _____
- Bleeding disorders _____
- Hypertension _____
- Mononucleosis _____
- Headaches _____
- Asthma _____
- Mumps _____
- Other _____
- Frequent Colds _____
- Measles _____
- UTI _____
- Shunt _____
- German _____

Allergies (Check all that apply and indicate type of reaction and how it is managed.)

- None
- Seasonal/Environmental _____
- Food (list type) _____
- Medications (list) _____
- Animals _____
- Other: _____

Restrictions/ Precautions

Please list any activities that the applicant may NOT participate in or attach precautions or special instructions for activities:

Activity Related Information:

Briefly describe the applicant’s leisure/recreation interests and activities:

Are there any new skills or activities that the applicant would like to try?

- Does the applicant enjoy swimming? ___ Yes ___ No
- What is their swimming ability level? ___ Beginner ___ Intermediate ___ Experienced
- Does the applicant need a Personal Floatation Device when swimming? ___ Yes ___ No
- Does the applicant need ear plugs when in the water? ___ Yes ___ No (If yes, please bring them to camp.)
- If the applicant goes bowling, what size shoe do they wear? _____
- Does the applicant have rods in his/her spine or any other medical condition that may prevent him/her from horseback riding? _____

I _____ understand that my son or daughter will be participating in activities (soccer, flag football, baseball, basketball, dodge ball, swimming, etc.) that can cause in serious injury. I understand that my son or daughter will be participating in these activities and accept full financial responsibilities for any injury.

Parent/guardian signature: _____

FUNDING FOR THIS PROGRAM PROVIDED BY:
CITY OF CARBONDALE
CARBONDALE HOUSING CORPERATION