

**Camp Daleville 2017
Sunshine Connection
Camp Registration Form & Medical Form**

Camper's last Name: _____ Camper's First Name: _____ Gender: _____ Birthdate: _____ Grade in Fall: _____

Parent or Guardian's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Camper T-Shirt Size: Child XS(4-6) Child S(6-8) Child M(10-12) Adult S Adult M Adult L Adult XL

**Camp Unit: Sunshine Connection \$1,000 CAMP FEES REQUIRED WITH APPLICATION
No discounts/refunds will be given for campers who attend less than 5 days per week.**

PLEASE CIRCLE WHICH BUS SCHEDULE IS BEST FOR YOU		
<p>*BUS #1: 9:00am Departure: St. Gregory's Church, Clarks Summit</p>	<p>*BUS #2: 8:50am Departure: <i>(CIRCLE THE APPROPRIATE STOP)</i> JCC - Audubon School - Pen Y Bryn Dr., Roaring Brook Estates</p>	<p>*BUS #3: 9:00am Departure: JCC of Scranton</p>

***Note: Campers in the Sunshine Connection program are be picked up at camp at 2:30 pm daily.**

PLEASE NOTE: One form per child and a copy of the front and back of the child's health insurance card should be completed and returned to the camp office. This information is required and must be submitted in order to attend camp.

If parent not available in an emergency, notify: _____

Relationship: _____ Phone: _____ Cell Phone: _____

Address: _____

Insurance Information: Family Medical Insurance Carrier: _____

Policy Holder's Name: _____ Policy/Group #: _____

Name of Family Physician: _____ Phone: _____

Name of family dentist/orthodontist: _____ Phone: _____

Allergies - YES NO IF YES,list all known. Describe reaction and management of the reaction.

Medication Allergies: _____

Food Allergies: _____

Other Allergies (insect stings, hay fever, asthma, animals, etc):

Dietary Restrictions: _____

Activity Restrictions & limitations: _____

If necessary attach another sheet describing allergies and restrictions.

I agree to allow my child/children to participate in any and all age appropriate activities and trips conducted by Camp Daleville, an eight week day camp operated by the Jewish Community Center of Scranton., with the full understanding that the Jewish Community Center of Scranton will indeed be held harmless and indemnified against any and all actions, claims, demands and losses, damages, costs and expenses of any type including attorney fees, whatsoever that may result from program work or services provided by the Jewish Community Center of Scranton. Further, I hereby absolve Camp Daleville, the Jewish Community Center of Scranton, and all of its volunteers of any responsibilities for injuries and accidents that may result from my child's utilization of Camp Daleville and the Jewish Community Center of Scranton.

Parent's Name

Parent's Signature/Date