



SILVER POINT BEACH CLUB DAY CAMP CAMPER REGISTRATION 2017



Please print clearly in blue/black ink

Complete one for each camper ~ **RETURN BY JUNE 1ST, 2017**

Date: _____

Child's Full Name: _____

Date of Birth: ____/____/____ Age as of June 29th: ____ Gender: ____ M ____ F

Grade entering in September: _____ School: _____

Has child attended camp before? _____ Name of camp: _____

List child's special hobbies, interests, skills: _____

T-Shirt Size **(circle one)** Child Size: 2-4 6-8 10-12 14-16 Adult Size: S M L XL

Parents' Full Names: _____

Address: (Number & Street) _____

(Town, State, Zip) _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Cabana Number: _____ Locker Number: _____

GROUP ASSIGNMENTS

MIDDLE CAMP (1st through 4th grade) & UPPER CAMP (5th grade through 9th grade):

Campers will be assigned to groups based on their gender and the grade they will be entering in September of 2017.

LOWER CAMP (Campers born in 2012, 2013, 2014):

Campers will be assigned to a co-ed Nursery or Kindergarten group based on their age.

Please group my child with the following campers _____, _____

(It is understood that the children are in the same grade and the request is mutual)

CAMP DATES: Wednesday, June 28th – Friday, August 18th NO CAMP on July 3rd, and July 4th

To ensure enrollment, a check for the full amount of tuition (\$1500) must accompany this application no later than June 1st. There will be an additional non-refundable \$50 charge for an application received after June 1st. **LATE APPLICATIONS PRESENT PROBLEMS WHEN CAMPER GROUPINGS AND STAFF PLACEMENTS ARE ALREADY DETERMINED SOON AFTER JUNE 1ST.**

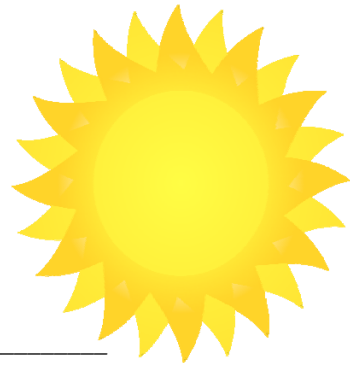
Management reserves the right to expel any camper that presents a problem. Refunds will be pro-rated. If a camper is removed from camp after the first week, there will be an additional \$50 service charge. There will be absolutely no other refunds.

A current medical report must be submitted prior to the child's first day of camp. **No camper will be admitted without an updated medical form (enclosed).** The medical form must include a list of allergies, updated immunizations, medications taken, etc. *(Please note that the camp staff cannot dispense medication or perform medical procedures)*

Silver Point Beach Club Day Camp is required to be permitted to operate by Nassau County Department of Health; Silver Point Beach Club Day Camp is required to be inspected twice yearly; and the inspection reports concerning Silver Point Beach Club Day Camp is filed at: 200 County Seat Drive, Mineola, New York 11501



SILVER POINT BEACH CLUB DAY CAMP CAMPER MEDICAL FORM 2017



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Complete one for each camper ~ **RETURN BY JUNE 1ST, 2017**

Date: _____

Camper's Full Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Immunization History:

Please record the date (month and year) of immunizations and most recent booster doses.

DPT _____

Hepatitis B _____

Haemophilus influenza type b _____

MMR _____

Polio _____

TB Tine or PPD _____

Varicella _____

Health History:

Please check and give approximate dates.

_____ Measles _____

_____ German Measles _____

_____ Mumps _____

_____ Chicken Pox _____

List any known drug allergies: _____

Any known food allergies/dietary restrictions: _____

Additional health information/special remarks:

I have examined the above patient on ____/____/____

S/he is in good health and may participate in all camp activities without restrictions.

Physician's Signature: _____ License #: _____

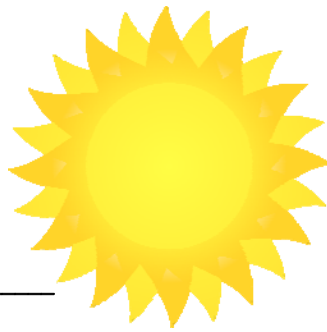
Address: _____ Phone #: _____

I hereby give my permission to Silver Point Beach Club to have a doctor attend to any emergency needs that my child may require while s/he is in attendance at the Day Camp and I cannot be contacted.

Parent/Guardian's signature: _____ Date: _____



 **SILVER POINT BEACH CLUB DAY CAMP
EMERGENCY/RELEASE/MEDIA PERMISSION**



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Complete one for each camper ~ **RETURN BY JUNE 1ST, 2017**

Date: _____

Camper's Full Name: _____

Accommodations: Cabana #: _____ Locker #: _____

Check if applicable: Sun & Surf _____ Atlantic Beach Resident _____

EMERGENCY

In case of emergency, the following numbers may be used (include yourself):

	Print FULL Name	Relationship to Child	Phone Number/s
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

RELEASE (Pickup)

The following people are authorized to pick up my child (include yourself):

	Print FULL Name	Relationship to Child
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

CHECK ONE

I do _____ I do not _____
give my child permission to be dismissed by him/herself at 4:00pm.
(Lower Camp campers must be picked up at dismissal)

I understand that in between 11:00am and 4:00pm only those names listed above can sign out my child after receiving authorization from the Camphouse office. If there are any changes, I will contact the camp in writing or by calling (516) 239-1906.

MEDIA PERMISSION

I give permission and consent for Silver Point Beach Club Day Camp (SPBCDC) to allow photographs/videos to be taken during camp session activities. I further give permission and consent that any such photographs/video may be published and used by SPBCDC to illustrate and promote the SPBC day camp experience.

Parent/Guardian's signature _____ Date: _____