



ROCHESTER, NEW YORK

Summer Camp Days 2011

Ages 6-13, Initial Participant Information (medical form on reverse)

Leader In Training, ages 14-17

Camper's Name: _____ Age: _____ Gender: M F

Address: _____ City/Town: _____ Zip: _____

Previous Summer Camper: Y N Home Phone: _____

Email address _____

Mother's/Guardian's Full Name: _____ Daytime Phone: _____ Alternate #: _____

Father's/Guardian's Full Name: _____ Daytime Phone: _____ Alternate #: _____

Emergency Information

Emergency Contact: (Other than parent or guardian)

Name: _____ Daytime Phone: _____ Alternate #: _____

Name: _____ Daytime Phone: _____ Alternate #: _____

Authorized Pick-Up Information

Those authorized to pick up camper, other than parent or guardian or Emergency Contact. Use additional sheets if necessary.

Name: _____ Daytime Phone: _____ Alternate #: _____

Summer Camp Registration	Full Day Week	1/2 day Week	1 Full Day	1 Half Day	PM Care	Lunch
Camp Day(s)	8am-5pm	8am-Noon or 1-5pm	8am-5pm	8am-Noon or 1-5pm	5-6pm	12-1pm
	\$225/week	\$150/week	\$54/Day	\$40	\$5/day	\$5/day
June 27 - July 1						
July 4 - 8th						
July 11 - 15						
July 18 - 22						
July 25 - 29						
Aug 1 - 5						
Aug 8 - 12						
Aug 15 - 19						
Aug 22 - 26						
Aug 29 - Sept 2						

___\$2.⁵⁰ Key Chain Carabiner ___\$ 25.00 Chalk bag & ball \$ _____ **Total Amount**

Please complete this registration form (one per child). Please note: no registration is complete without \$100.00 deposit per full or 1/2 day week or \$25.00 deposit for each full or 1/2 day session .

PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

I hereby register my child for the designated programs at Rock Ventures. I understand that my child's spot is reserved only upon receipt by Rock Ventures of the fully completed registration form and Payment In Full; failure to pay by the deadline may forfeit my child's spot.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Date: _____ Amount: \$ _____ VISA-MC-DISC-CASH-CHECK Staff: _____

1044 University Avenue * Rochester NY 14607 * 585-442-5462 Fax 442-5483

ROCKVENTURES SUMMER CLIMBING AND LEADERSHIP CAMP

Camper's Name: _____ Age: _____

Immunization History – Required by NYS Department of Health

Tuberculin Test (date) _____ Type (circle): Tine or Mantoux Results (circle): Pos. or Neg.
 DPT 1st _____ 2nd _____ 3rd _____ Booster _____ Booster _____
 Oral Polio 1st _____ 2nd _____ 3rd _____ Booster _____ Booster _____
 HIB 1st _____ 2nd _____ 3rd _____ 4th _____
 Hepatitis B 1st _____ 2nd _____ 3rd _____ Tetanus _____
 MMR 1st _____ 2nd _____ Lead Screening _____ Type (circle): Tine or Mantoux

Allergies

_____ Hay Fever _____ Poison Ivy _____ Penecilin _____ Insect Stings
 _____ Foods (list) _____ Other (list)

List Details _____

Health History: (please check all that apply)

_____ Ear Infections _____ Asthma _____ Hearing _____ Vision
 _____ Diabetes _____ Chicken Pox _____ Mumps _____ Learning Prob
 _____ Behavior Prob _____ Convulsions

Recent Surgery (type/date) _____

Serious Injury (type/date) _____

Chronic or Recurring Illness _____

Other conditions or details from above _____

Camper Medications (Name & Dose) _____

Any Medical or developmental conditions requiring attention _____

Does camper have any serious fears? If so explain _____

Does camper have any physical limitations/handicaps _____

Parental Agreement – Please initial each statement

- _____ This health form is complete and correct to my knowledge & the person named above has the permission to engage in all camp activities except as noted by his/her physician.
- _____ I hereby enroll my child in RockVentures Summer Camp Program. It is understood that RockVentures will make every effort to contact the parent in the event of an emergency. In the event that I cannot be reached, I authorize RockVentures staff to act for me according to his/her best judgment in any emergency requiring medical attention or surgical care. I authorize the physician selected to hospitalize, secure proper treatment for & to order injection, anesthesia or surgery for my child named above. I expect to be notified immediately. I further understand that I am responsible for my medical care.
- _____ I give my consent for my child to take part in field trips or excursions off RockVentures property under proper supervision.
- _____ I give my consent to RockVentures to use any photographs, slides, or videotapes of my child as needed for its record or promotion or public relations purposes, including web site material.
- _____ I have provided the staff with any pertinent information, which may assist RockVentures in caring for my child including but not limited to allergies, previous or existing illness or conditions, sunburn sensitivity, long term medications, disability or limiting conditions or emotional, developmental or behavioral challenges. I agree to notify RockVentures staff immediately in writing of any changes in address, telephone numbers, place of employment, emergency contacts etc. I understand that not providing the above may put my child's health & safety at risk.

I understand my child's spot is reserved only upon receipt by RockVentures of the fully completed registration forms & deposit and that failure to pay balance by the deadline will forfeit my child's spot and deposit.

 Signature of Parent/Guardian

 Date