

# Expedition 2010, August 2<sup>nd</sup> to 6<sup>th</sup>

**REGISTRATION FORM.** (Ages 6-12) One form per child. Must be submitted before July 21st  
Expedition camp has limited availability, so be sure to register early to assure a spot.

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Birth Date \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper Signature: "I agree to abide by the rules of the Camp" X \_\_\_\_\_

**Warning: Failure to abide by the rules of the camp could result in IMMEDIATE dismissal.**

Parent or Guardian: \_\_\_\_\_  
Work Name: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_

Other family member to contact in case of emergency  
\_\_\_\_\_

Relationship to camper: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_

Persons, other than parents, child may be sent home with:

1. \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**HEALTH INFORMATION:** (Must be complete, accurate & signed)

**Allergies: (Check) IMMUNIZATIONS HISTORY: (Give Dates)**

Hay fever _____	DPT Series _____
Ivy poisoning _____	Polio OPV (Sabin) _____
Insect stings _____	German measles _____
Penicillin _____	Measles vaccine (live) _____
Asthma _____	Mumps _____
Other drugs _____	Tetanus _____
Food _____	Other (explain) _____
Other _____	

**HEALTH HISTORY: (give approximate dates or check)**

Diabetes \_\_\_\_\_ Ear Infection \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_  
Convulsions \_\_\_\_\_  
Communicable Diseases (please explain) \_\_\_\_\_  
\_\_\_\_\_

Health Ins. Co. \_\_\_\_\_  
Policy # \_\_\_\_\_  
Co. Phone # \_\_\_\_\_  
Medical Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If you have no health insurance your child will still be able to attend Camp Expedition.

**MAIL TO: Camp Expedition (ROC)**  
241 Crum Elbow Road, Hyde Park, NY 12538  
**PHONE: (845) 229-6080, Fax (845) 229-6083**

**Payment: \$100.00 for week, per child.**  
**(Early Registration \$90.00 if paid by July 1st)**  
Make Checks payable to **ROC**

Canteen Card ( \$10 ) \_\_\_\_ x \$10.00 = \$ \_\_\_\_\_  
Canteen Card ( \$5 ) \_\_\_\_ x \$5.00 = \$ \_\_\_\_\_

**T-shirt Order\***One (1) free shirt per child. Additional  
\$13.00 each. (Adult Sizes)

SM \_\_\_\_ Med \_\_\_\_ Lg \_\_\_\_ XLg \_\_\_\_

Extra Camp T-shirts\* \_\_\_\_ x \$13.00 = \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**MasterCard** or **Visa** accepted.

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature: \_\_\_\_\_

**I was referred by:** \_\_\_\_\_

**Parent's Authorization:**

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I understand that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understanding that my child is assuming the risk of such physical illness or injury by his or her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustained during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_