# Summer Camp Registration

<table>
<thead>
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<th>Date Received:</th>
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<tbody>
<tr>
<td>Amount: $</td>
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**Method of Payment:**
- Cash
- Check

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**Child’s Name:**
- Last Name: 
- First Name: 

**Age:** 

**Date of Birth:** 

**Address:**
- 

**Home Phone:** 

**City:**
- 

**State:**
- 

**Zip:**
- 

**School:**
- 

**Grade:** 

**Male or Female (Circle One):**
- 

**Mother’s Name:**
- 

**Home Phone:** 

**Employer:**
- 

**Work Phone:** 

**Cell Phone:**
- 

**Father’s Name:**
- 

**Home Phone:** 

**Employer:**
- 

**Work Phone:**
- 

**Cell Phone:**
- 

**Family’s Preferred Email Address:**
- 

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**Please list any other adult permitted to pick up your child. A Photo ID may be required when picking up a camper.**

**Name:**
- 

**Relation to Child:**
- 

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**EMERGENCY CONTACTS: in case of an emergency, the camp should...**

- Call Mother first
- Call Father First

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**In an EMERGENCY SITUATION, if parent cannot be reached call name(s) listed below:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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_Last Updated 4/10/2015_
Niagara University
Summer Youth Camp Health Form

REGISTRATION CANNOT BE PROCESSED WITHOUT A COPY OF YOUR CHILD’S MOST RECENT VACCINATION RECORD FROM YOUR PHYSICIAN: (NYS HEALTH DEPT. REQUIRES THAT THIS BE UPDATED & SUBMITTED YEARLY.)

Parent or Guardian Health Insurance Company:
Policy Number __________________________ Family Physician: __________________________ Phone: __________________________

My child has had a physical examination recently and may participate in all activities.

Parent/Guardian Initials __________

HEALTH RECORDS
For your child’s safety, a completed shot record is required by the NYS Health Department.
REGISTRATIONS WILL NOT BE PROCESSED UNLESS A COMPLETED SHOT RECORD IS SUBMITTED WITH REGISTRATION AND DEPOSIT.

Medical and personal information is requested to ensure the safety of the summer camp’s staff and your child. The required information will assist in making your child’s experience at Niagara University’s Summer Youth Camp a safe and enjoyable experience. Children must be able to participate in a 1:12 Counselor to Camper ratio. False or inaccurate information could result in a child’s dismissal from camp.

ALL information is confidential.

MEDICAL INFORMATION: Medication, Allergies, Ear Plugs (other information)

PERSONAL INFORMATION: (any information that will help our staff understand your child better)

HEALTH HISTORY: Please list allergies, diseases, and/or medications (conditions physicians should be aware of):

Waiver and release: I acknowledge that Niagara University has made no representations concerning the operation, supervision, staffing, equipment, or any other aspect of the youth camp. I release and forever discharge Niagara University of and from all actions, causes of action, suits, damages, judgments, expenses, claims and demands whatsoever in law or in equity, that my child or I or our successors, assigns, heirs or distributes may have against Niagara University for any claim directly or indirectly arising from or out of my child’s attendance at the youth camp as described in this registration. I understand that any camper who does not abide by the rules and regulations established by the university is subject to dismissal without reimbursement or recourse. If enrollment is filled, early notification will be given and deposit will be returned. I hereby authorize employees of the youth camp to act for me according to their best judgment in any emergency if I cannot be contacted. All medical information pertaining to this registered camper is accurate and up to date.

______________________________  __________________________
Parent/Guardian Signature Date

PICTURE WAIVER: Initial below to give NU permission to use the image or likeness of your child for camp advertisements/publications. No compensations will be awarded for use of any pictures: __________________________

Make checks payable to “Niagara University”
Niagara University College of Education
Institute of Applied Learning
P.O. Box 1930
Niagara University, NY 14109

Mail registration form, vaccination record, and payment to: