

APPLICATION for **CAMP BEAVER LAKE**

Circle Session **A B C D E F G H I J K L M N O P**

Pre-Camp Supervision 8 a.m.- 9 a.m. (*circle requested days*)

Mon Tues Wed Thurs Fri

Post-Camp Supervision 3 p.m.- 5 p.m. (*circle requested days*)

Mon Tues Wed Thurs Fri

PARENTS: Thank you for sending your child to camp! Please read the following...

- ◆ Complete application, sign, and return payment to **Beaver Lake Nature Center, 8477 East Mud Lake Rd, Baldwinsville, NY 13027**. If you have questions, please call Beaver Lake at: **(315) 638-2519**.
- ◆ If you join the *Friends of Beaver Lake* or renew membership, please make a separate check or payment to the *Friends of Beaver Lake*, Thank you!
- ◆ **Parental Authorization:** The NYS Health Department requires an original signature of parent/guardian.
- ◆ They require a complete immunization record; it may be completed by parents or **faxed** by the physician to Beaver Lake at: **(315) 638-7488**.
- ◆ Physician Authorization is **ONLY** required if your child has had a serious illness or surgery within the last year.
- ◆ Pre-Post Care is available from 8 a.m. - 9 a.m. and 3 p.m. - 5 p.m. for **\$2 per hour**. Please let us know in advance.
- ◆ Confirmation and further information will be mailed as camp approaches.
- ◆ Checks for Camp Beaver Lake may be made out to **Beaver Lake Nature Center**.
- ◆ MasterCard/Visa are accepted, payment will reserve space: *Please send application at least one week before camp (thanks)*.
- ◆ Refunds given until one week prior to session. **\$25.00 non-refundable administration fee applies to all cancellations.**

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|-----------------------|------|-----|-------|-----------------|--|
| Camper's name: | DOB: | Age | M / F | Grade completed | T-shirt size <small>(adult or child)</small> |
| Address: | City | | State | | Zip |

| | | | | |
|------------------------|------|-------|-----|--------------------|
| Parent/Guardian | | | | e-mail (optional): |
| Address: | City | State | Zip | |
| Phone (h) | (w) | cell | | |

| | | | |
|---|------|-------|-----|
| Emergency Contact: (<i>if parent/guardian cannot be reached</i>) | | | |
| Address: | City | State | Zip |
| Phone (h) | (w) | cell | |

| | | | |
|-------------------|--------|----|-----|
| Physician: | Phone: | | |
| Address: | City | St | Zip |

MEDICAL INSURANCE INFORMATION:

| | |
|--------------------|------|
| Insurance Company: | ID#: |
|--------------------|------|

IMMUNIZATION HISTORY *fill in date*

| | | |
|------------------------|--------------------------|----------------------|
| DPT Series | Booster | Tetanus booster |
| Polio OPV (Sabin) | Booster | Mumps Vaccine (live) |
| Measles Vaccine (live) | German Measles (rubella) | Other |

HEALTH HISTORY *Please check any that apply and approximate date*

| | | |
|-----------------|-----------------|---------------------------|
| Hay Fever | Asthma | Heart Murmur |
| Poison Ivy | Chicken Pox | Diabetes |
| Insect stings | Measles | Convulsions |
| Penicillin | German Measles | Fainting |
| Other drugs | Mumps | Chronic/Recurring Illness |
| Foods | Hepatitis | Operations |
| Other Allergies | Rheumatic Fever | Serious Injuries |

| | |
|--|-----------|
| List Medication(s) taken regularly (medicine brought to camp will be held safely by Camp Health director) | |
| Is camper under medical care for any reason | YES NO |
| If yes, please explain: | |

Physician Authorization (*if required*) This child is physically able to participate in day camp activities

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

PARENTAL AUTHORIZATION:

Camper has permission to participate in all activities. Camp Director is authorized to act for the best interest of my child.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|