



# Poland Recreation Summer Camp Enrollment Form

Poland Recreation Dept.  
1231 Maine Street  
Poland, Maine 04274  
  
207-998-4650  
ssegal@polandtownoffice.org

## Camper's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade (entering fall of 2016): \_\_\_\_\_ School/Teacher: \_\_\_\_\_

**Camper's Schedule: M T W Th F (please circle days) Times: \_\_\_\_\_**

**T-shirt Size: (Please circle) YS YM YL AS AM AL AXL other \_\_\_\_\_**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies:  
\_\_\_\_\_

Known Medical problems:  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
(If our staff will need to administer medication during camp; we will need you to fill out a Medication Administration document separate from this form)

Date of Last Tetanus Shot: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
ID# \_\_\_\_\_ Group# \_\_\_\_\_  
Policy Holder: \_\_\_\_\_

## Parents/Guardians

Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Volunteers will guarantee the success of this program.** May we call you to help with special field trip and/or assistance with special projects? \_\_\_ Yes (pending availability) \_\_\_ No

**Emergency Contacts:** Please list the names of two persons who may be contacted if parents or guardians are unavailable.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

# Waivers & Liabilities

## Medical & Liability Waiver

I, the parent/guardian of the above mentioned participant(s) hereby give my approval to his/her participation in this program. I hereby release, absolve, indemnify and hold harmless the town of Poland and its staff. In case of injury to the participant, or myself as a volunteer, I hereby waive all claims against the afore-mentioned parties. I realize that the parent/guardian is responsible for providing insurance covering the injury for the participant. In case of the need for emergency medical treatment, I hereby give permission for such treatment to be given in the case I cannot be reached. I have read and will adhere to the policies and procedures of the Poland Recreation Department.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for the Poland Recreation Camp Staff to obtain whatever treatment may be deemed necessary for \_\_\_\_\_ (D/O/B).

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization, for emergency medical treatment as outlined above.

**Parent/Guardian signature** \_\_\_\_\_

## Field Trip Waiver

I give permission for Poland Summer Recreation Camp Staff to take my child(ren) on field trips (bus or walking)

**Parent/Guardian signature** \_\_\_\_\_

## Application of Sunscreen/ Insect Repellent Waiver

I give permission for Poland Summer Recreation Camp Staff to apply sunscreen to my child(ren) if needed

**Parent/Guardian signature** \_\_\_\_\_

I give permission for Poland Summer Recreation Camp Staff to apply insect repellent to my child(ren) if needed.

**Parent/Guardian signature** \_\_\_\_\_

\*Please attach written information pertaining to any special circumstances regarding your child that might assist us in supporting your child during the program.