



2010 Registration Form

Child's Name: _____

Age (as of June 1, 2010): _____ Phone: _____

Cell Phone: _____

Parent/Guardian Name(s): _____

Address: _____

I would like to register my child for the following weeks at \$125 per week (\$150 if received after May 30).

____ June 28 – July 2

____ July 12 – July 16

____ July 26 – July 30

____ July 5 – July 9

____ July 19 – July 23

____ August 2 – August 6

Please mail this form and payment to:

Camp Splash
Canonsburg Borough Building
68 East Pike Street
Canonsburg, Pa. 15317

If you have questions, please call 724-745-1800 during the day or 724-250-9150 after 6:00 p.m.

Swimming Information:

My child can ____ or cannot ____ swim by himself/herself.

Check here if your child is afraid of the water. _____

Check here if you want your child to wear a Coast Guard-approved life preserver. _____

Parent/Guardian Signature:

T-Shirt Orders

Please indicate the size of the *Camp Splash* t-shirt we will order for your child.

Child Small (6 – 8) _____

Child Medium (10 – 12) _____

Child Large (14 – 16) _____

Adult Small _____

Adult Medium _____

Adult Large _____

Adult X-Large _____

Adult XX-Large _____



2010 Camper Information Form

This form must be completed for every camper. The information that you supply will help us give your child a safe and fun time at summer camp.

(Please make sure the contact numbers that you give are in working order and will be answered at all times.)

Camper _____

Birth date _____ **Age** _____

Parent's Name(s) _____

Address _____

Phone Number (day) _____ **(evening)** _____

Cell phone or work number for emergencies _____

Has camper attended camp before? Yes ___ No ___

Does camper have a disability or any medical needs? Yes ___ No ___

If yes, explain diagnosis or condition:

(If camper is taking medication, please complete the medication form.)

Does camper have any allergies? Yes _____ No _____

Explain _____

Are there any foods that your child will not eat? _____

Are there other health concerns (such as seizures, etc.) we should be aware of?

Does child have any special dietary needs?

Will camper need bathroom assistance? Yes _____ No _____

Behaviors: (Circle those that apply to your child.)

Cries easily

Likes to be alone

Fighting

Biting

Bullying

Swearing

Hitting/Kicking

Self-injurious behavior

Pinching

Camper's favorite activities: (Circle those that apply.)

Arts/crafts

Swimming

Playground

Sports

Games

Music

Helping Others

Group Activities

Fishing

Skating

Bowling

Reading

Please provide any information you would like the staff to know concerning your child to help us provide him/her with a wonderful camp experience.

All registration forms and payment are due before your child's first day of camp to Canonsburg Borough Office, 68 East Pike Street, Canonsburg, PA 15317. No payments will be accepted at camp unless authorized by the borough manager.

Parent/Guardian Signature _____

Date _____



2010 Emergency Contact Form

Please complete with the names of two people that we may contact in the event that we are unable to reach the parents/guardians.

(Please be sure that these are working numbers and that they will be answered if we must call.)

Camper's Name _____

First Contact Person:

Name _____

Relationship to child _____

Phone Number _____ Cell _____

Second Contact Person:

Name _____

Relationship to child _____

Phone Number _____ Cell _____

My child can be released to the following individuals: (Children will not be released to anyone not on this list.)

_____	_____
_____	_____



Waiver of Liability for Transportation

My child has permission to be transported by *Camp Splash* staff or contracted entities to all camp-related field trips. Please complete and bring this form to Parent Orientation Night or mail to the Canonsburg Borough at 68 East Pike Street Canonsburg, PA 15317 before your child's first day of summer camp.

Camper's Name

Parent/Guardian's Signature