

# CAMP CONCERN 2021 REGISTRATION

CAMPERS WILL NOT BE ALLOWED TO ATTEND WITHOUT THIS FORM COMPLETED BY PARENT OR LEGAL GUARDIAN. **FORM MUST BE MAILED BACK WITH \$10 REGISTRATION FEE BY JULY 10th.** AFTER RECEIPT OF YOUR REGISTRATION YOU WILL BE MAILED FURTHER INFORMATION. PLEASE REFER TO ATTACHED DOCUMENTATION FOR CURRENT POLICIES AND GUIDELINES FOR CAMP CONCERN 2021 DAY EVENTS.

Mail form to: Camp Concern  
5326 Fieldcrest Drive  
Pittsburgh, PA 15236

Please circle intended day of attendance based on current age group:

July 24 - Ages 13-19      July 31 - Ages 7-12

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Shirt Size - please circle: Youth S M L XL OR Adult S M L XL 2XL 3XL

Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Email address \_\_\_\_\_

Cell phone \_\_\_\_\_--\_\_\_\_\_  
Home Phone \_\_\_\_\_--\_\_\_\_\_  
Secondary Emergency Contact \_\_\_\_\_

Cell Phone \_\_\_\_\_--\_\_\_\_\_  
Home Phone \_\_\_\_\_--\_\_\_\_\_  
Name and number of adult who has permission to pick-up your child if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
Please initial here if your camper will have car on the campsite to drive him/herself home. \_\_\_\_\_

## CURRENT MEDICATIONS AND DOSAGES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

IF YOUR CHILD HAS ANY MEDICAL/BEHAVIORAL DIAGNOSES OR SOCIAL/LEGAL ISSUES, WE ENCOURAGE YOU TO CONTACT THE DIRECTOR PRIOR TO YOUR CAMP DAY. SHARING THIS INFORMATION MAY BE BENEFICIAL IN HELPING US BETTER CARE FOR YOUR CAMPER. ANY SPECIAL ARRANGEMENTS OR CONSIDERATIONS MAY BE ADDRESSED IN ADVANCE. PLEASE LIST ANY CONCERNS BELOW.

**ALLERGIES**

TYPICAL INTERVENTION NEEDED \_\_\_\_\_

**FOOD INTOLERANCES**

TYPICAL INTERVENTION NEEDED \_\_\_\_\_

**Initial here if you give permission for our nurse to administer Benadryl to your child in the event of an allergic reaction \_\_\_\_\_. Please send any additional emergency medications in a bag labeled with your child's name and dosage.**

<b>IMMUNIZATION RECORD (Date of Last Received)</b>	
DPT	Chicken pox
Polio	Scarlet fever
MMR	COVID
HIB	
Hep B	

<b>Insurance Information</b>
Name of Insured: _____
Carrier: _____
Member ID# _____
Group # _____

**PARENT OR GUARDIAN PERMISSION**

(Camper name) \_\_\_\_\_ has my permission to attend Camp Concern’s summer program. Camp Concern also has my permission to authorize treatment for my child by qualified medical personnel in case of sickness or injury. I understand that some risk is inherent in camp activities, and I agree to release and hold harmless the Commonwealth of Pennsylvania from any liability arising from participation in camp activities.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Signature and title of camp personnel authorizing treatment in case of sickness or injury.

Additionally, I hereby grant permission for (Camper name) \_\_\_\_\_’s image/likeness to be used by Camp Concern in photograph or video form on the Camp Concern website, social media or other promotional media, including print. If I object to my child’s image/likeness being used, I understand that I must notify Camp Concern of this in writing. Forms for denying this consent will be made available to parents during Final Registration.

\_\_\_\_\_  
Signature of parent or legal guardian

I understand that Camp Concern will follow the guidelines in place by the CDC in relation to COVID-19. I understand that although these regulations will be in place, Camp Concern cannot guarantee a COVID free environment and will not be held liable for any possible illness. I have reviewed and agree to follow the Camp Concern policies and acknowledge that inability to follow said policies and procedures will result in immediate dismissal.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Signature of Camper