

DERRY AREA RECREATION BOARD 2008 CAMP DARB REGISTRATION

DARB is staffed with experienced childcare staff. However, DARB requests advanced discussion regarding children with special needs in order to plan and implement the activities designed for the children. If you have a child with special needs, please contact the Holly so arrangements can be made to meet the needs of your child. Please call (724) 309-3463 to discuss your concerns.

PLEASE COMPLETE BOTH SIDES OF FORM AND RETURN WITH 1-TIME REGISTRATION FEE.

Registration Fees: Full time \$10; Part time \$7; Daily \$5

GENERAL INFORMATION

Child's Name _____ Age _____ DOB _____

Grade completed (as of 6/07) _____ School District _____

If Derry, do you reside in _____ Township or _____ Borough?

Address _____

Phone _____ EMAIL _____

Does (Will) your child have a 2007 Pool Pass to Derry Community Pool? Yes ___ No ___

Family (name on pass) _____ Individual _____

Please note: Pool visits are included in your registration. You are not required to purchase a pool pass. However, for accounting purposes, if you have a pool pass, please indicate on this registration.

Can your child swim? Yes _____, what ability? _____ No _____

Mother's Name _____

Home Phone _____

Address _____

Work Phone _____ Cell Phone/Beeper _____

Father's Name _____

Home Phone _____

Address _____

Work Phone _____ Cell Phone/Beeper _____

AUTHORIZED / EMERGENCY PICK-UP

*****THERE MUST BE AT LEAST 2*****

1. Name _____

Address _____

Home Phone _____ Work Phone _____

2. Name _____

Address _____

Home Phone _____ Work Phone _____

3. Name _____

Address _____

Home Phone _____ Work Phone _____

(OVER)

MEDICAL INFORMATION

Physician Name _____

Address _____

Phone _____

Health Insurance Provider _____ Policy # _____

Preferred Hospital/Emergency Facility _____

Known Allergies _____

Special Needs (If any) _____

SESSION INFORMATION

Please check the sessions your child will attend.

____ Full-time (7:30am-5:30pm) ____ Part-time (9am-3pm) ____ Daily (full-time hours)

____ Session 1 (June 2-6)

____ Session 6 (July 7-11)

____ Session 2 (June 9-13)

____ Session 7 (July 14-18)

____ Session 3 (June 16-20)

____ Session 8 (July 21-25)

____ Session 4 (June 23-27)

____ Session 9 (July 28-August 1)

____ Session 5 (June 30-July 4)

____ Session 10 (August 4-8)

In consideration of the privilege for my child to participate in the Derry Area Recreation Board Summer Camp, swim day(s) at the Derry Community Pool and transportation to the Derry Community Pool, I hereby release, remise and otherwise hold harmless the Derry Area Recreation Board, the Derry Area School District, Derry Borough, their directors, employees and/or any agent or agents acting for them from any and all claims, demands, rights and causes of action of whatsoever kind and nature arising from and all known and unknown, foreseen and unforeseen, acts or omissions on the part of the Board, its directors, employees and agents, which may cause bodily and personal injury or property damage to the above named minor child engaged in or as a spectator of any activity or event sponsored by the Board. In addition, the Board, its directors, employees or agents also have my permission to administer any needed minor first aid or seek emergency medical care and transportation for my child in the event such action is deemed necessary.

Parent/Guardian Signature

Date