

CCBA Fit & Fun Camp Ages 4-6

2019 Child Information and Health Form

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

**Please check the week(s) your child will be attending:**

\_\_\_ Week 1: July 1 Obstacle Course Week (no camp July 4th).

\_\_\_ Week 2: July 8 Water Fun.

\_\_\_ Week 3: July 15 Field Games.

\_\_\_ Week 4: July 22 On the Court.

\_\_\_ Week 5: July 29 Fun With Relay Games.

\_\_\_ Week 6: Aug. 5 Connecting Body and Mind.

\_\_\_ Week 7: Aug. 12 Archery: Hand-Eye Coordination.

**Please circle pick up time:** 1:00 pm or 4:00 pm

**Is your child signing up for swim lessons?** \_\_\_yes \_\_\_no

Circle week(s) week 1 week 2 week 3 week 4 week 5 week 6 (No lessons week 7)

**Please circle what best describes your child's swimming ability:**

Non-swimmer      Beginner      Intermediate      Advanced

**Health Information:**

My child's special concerns or limitations (for example behavioral, developmental, allergies, dietary restrictions, chronic health conditions or medications) are:

**Alternative Pick-Up:**

I give permission for the CCBA staff to release my child to the following person other than parents or guardians.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Permission Statement:**

I understand that in registering my child, I give permission for him or her to be treated with First Aid and/or to be transported by ambulance to an emergency medical facility. Further I give permission for my child to go on any field trips, to be transported by a staff person if needed and to be photographed while participating in activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_