

Registration

Complete ; and return to :

CHC 1788 Old Chautauqua Rd, Gerry, NY, 14740 , with deposit.

Name _____ Age _____
Grade in Fall _____ Gender _____
Address _____
City _____ State _____ Zip _____
Ph# _____ Emergency# _____
who? _____

Camps you want to come to: _____

Are there any allergies or special needs that your child has? i.e. Bee Sting ; Bed wetting ;
Sleep Walking ; Food Allergies : _____

Please **GIVE THE DATES** when each of the following were taken: [The
NYS Dept of Health will not allow us to accept a child without proper records.) A copy of
your school records should be sufficient as long as the dates are clear.]

Tetanus 19 _____ ; Measles 19 _____ ; Mumps 19 _____ ; Diphtheria 19 _____ ; Rubella 19
_____ ; Polio 19 _____ Whooping Cough 19 _____ ; Chicken Pox _____
Haemphililius Influenza type B _____;

Family Doctor _____ Policy # and name on it

I permit my child to participate in all sports, hiking, and other camp
activities. I certify that my child has had a physical exam within the last
12 months [we recommend a fairly recent one] by a physician and is
physically able to do all activities with the exception of : _____

In the event of an emergency, I hereby give permission to the physician selected by the
Camp Director to hospitalize, secure proper treatment for, and to order injections, anesthesia,
or surgery for my child.

Signed parent or guardian X _____

see you soon!



Chautauqua Hills Camp

1788 Old Chautauqua Rd

Gerry, NY 14740

985-5810

twotim.22@juno.com