

# 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