

**2019 TRY CAMP**

**PINE COMMUNITY PARK 239 Pearce Mill Road Wexford, PA 15090 (Across the street from the Township of Pine Municipal Building)**

Please register the following applicant for DAY CAMP, July 22<sup>nd</sup> thru July 26<sup>th</sup> from 9:30 A.M – 2:00 P.M. Activities start at 10:00AM.

CAMPERS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

GROUP HOME NAME \_\_\_\_\_ GROUP HOME PHONE \_\_\_\_\_

GROUP HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DOES CAMPER USE A ELECTRIC WHEELCHAIR, WALKER, OR CANE? \_\_\_\_\_

\*\*If camper needs wheelchair or walker to participate in camp activities, please send one with him/her to camp. If camper is not sent with his/her needed wheelchair or walker we cannot accommodate.

ARE YOU ABLE TO PROVIDE YOUR OWN TRANSPORTATION? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST LIMITATIONS OR RESTRICTIONS TO BE PLACED ON YOUR CAMPER DUE TO HEALTH:

\_\_\_\_\_

\_\_\_\_\_

WILL CAMPER BE TAKING ANY MEDICATION DURING CAMP HOURS (9:30AM-2:00PM)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES PLEASE NAME THE MEDICATION \_\_\_\_\_

IF YOUR CAMPER TAKES MEDICATIONS PLEASE MARK CONTAINER CLEARLY WITH THE CAMPERS NAME AND SEND IN A LABELED CONTAINER WITH A WEEKS SUPPLY  
\*CAMP NURSE WILL DISPENSE\*

**RELEASE: READ THIS RELEASE FULLY BEFORE SIGNING**

On behalf of (Camper) \_\_\_\_\_, I hereby release TRY- A Special Needs Organization, its employees, assigns, agents, officers, directors, assistants, associates and volunteers from any and all legal responsibility and/or liability for injury to the named camper, or whatsoever type and degree, including but not limited to fatal injury, and from any claim for damages to the person or property of the named camper, and any expenses or cost associated with any of the same, which may happen or be incurred while the camper is attending, or being transported to or from, the TRY 2019 Day Camp.

**NOTE**

If the Camper is under age 18 at the time the registration is filed, the legal guardian **MUST SIGN**. If the Camper is over age 18 at the time registration is filed **OR** if the Camper will be over age 18 while attending camp, the camper, if legally competent, must also sign. Thank You.

I GIVE MY PERMISSION FOR CAMPER TO TAKE PART IN A FULL RANGE OF ACTIVITIES.

\_\_\_\_\_  
Legal Guardian, Parent, Staff Giver or Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper

\_\_\_\_\_  
Date

**LUNCH IS PROVIDED UNLESS CAMPER REQUIRES A SPECIAL DIET. MARK ALL CLOTHING AND EQUIPMENT CLEARLY. PLEASE DO NOT PERMIT CAMPER TO WEAR JEWELRY, WATCH OR BRING A RADIO OR TOYS.**

**PLEASE RETURN BY JUNE 22<sup>ND</sup>, 2019 TO:**

NICOLE BEYNON– CAMP DIRECTOR  
305 CLOVERDALE DRIVE  
WEXFORD, PA 15090

**\*\*\*BUS ALERT: IF FORM IS RETURNED AFTER JULY 1<sup>st</sup> 2019, CAMPERS ARE STILL WELCOMED TO COME BUT TRANSPORTATION WILL NOT BE PROVIDED.**