



CAMPER APPLICATION SUMMER CAMP PROGRAM

Please complete all of the following questions; add any information that would help us better understand your camper; we want the camp experience to be fun and safe.

Camper's

Name: _____ **Birth Date:** _____

Address: _____ **Age:** ____ **Male** ____ **Female** ____

_____ **Phone:** _____

Parent/Guardian Name(s): _____

List two people to be notified in an emergency and their relationship to camper:

#1: _____ **#2:** _____

Relationship: _____ **Relationship:** _____

Phone: _____ **Phone:** _____

Camper's Base Service Unit (BSU) Number: 371-_____ **or** MA# _____

Camper's Supports Coordinator _____

Camper's School _____

Medication Taken:	Times Given:	Dosage:	Reason for Medication:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any allergies and reactions: _____

Doctor's Name: _____ **Date of last tetanus shot:** _____

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SUMMER CAMP

Camper's Name: _____

Does Camper have any physical disabilities, mental health diagnoses, or other limitations?

_____ **No** _____ **Yes – Please explain** _____

Any special equipment needs, such as a wheelchair or walker?

_____ **No** _____ **Yes – Please explain** _____

Does Your Camper Have Seizures?

_____ **No** _____ **Yes – Please explain** _____

Additional Information: _____

Parent/Guardian Signature: _____

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**IN CASE OF EMERGENCY REQUIRING MEDICAL TREATMENT PLEASE SIGN
THE CONSENT FORM BELOW**

Camper's Name

I authorize LCARC's employee to sign in an emergency for any medical care deemed necessary for the health, safety and well-being of my child.

And I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of my child.

I understand that all reasonable attempts will be made to contact me in such an emergency.

Parent/Guardian Signature

Date

Family Physician: _____

Name of Insurance Company: _____

Group and Identification Number: _____

MA Card **Yes** **No** **MA#:** _____

Camper's Social Security Number: _____

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SWIMMING CONSENT FORM

SUMMER CAMP

- Yes, I permit my camper to attend the swimming activity at the New Castle Community Y.M.C.A.

- No, I do not wish my camper to attend the swimming activity

Camper's Name: _____

Parent /Guardian Signature: _____

Camper's Signature (if over 18): _____

Date: _____

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SUMMER CAMP

**SUMMER CAMP
RELEASE OF INFORMATION**

- Yes, I permit my camper's name and photo to be used in newspaper articles**
- Yes, I permit my camper's name and photo to be used in LCARC publications and/or the LCARC web site**
- No, I do not wish my camper's name or photograph to be used in any way**

Camper's Name: _____

Parent/Guardian Signature: _____

Camper's Signature (if over 18): _____

Date: _____

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SUMMER CAMP

TRANSPORTATION

Skip This Page If You Are Providing Transportation for Your Camper

Your camper may qualify for free transportation!

In order to receive free transportation from your home, to and from camp, we must have:

- **A current, valid Social Security number for your camper**
- **A current, valid Medical Assistance card number for your camper**

IMPORTANT: IF YOUR CAMPER DOES NOT HAVE AN MA CARD

Complete this form anyway and return it with the camper's application—the camper may still qualify for free rides under different funding, after we receive some additional information from you. We will send you the necessary forms.

Camper's Name _____

Camper's Social Security Number _____

Camper's Medical Assistance Number _____

Parent/Guardian Signature _____ Date _____

Camper's Signature If Over 18 _____ Date _____

This form must be received by LCARC no later than May 15th so that free transportation may begin on the first day of Camp. If form is not submitted by deadline, transportation will be delayed.



EARLY PICK-UP FROM CAMP

Dear Parent/Guardian:

For planning purposes, we ask that the Summer Camp Director be notified a day in advance if you intend to pick up your child early from Camp. A phone call to camp or the LCARC office is the best way to let us know of your intentions.

On the day of early pick-up simply go to the main gym area and your child will be brought to you. We will ask for photo ID, such as a driver's license, so please be prepared. Also, if someone other than the parent or guardian will be picking up your camper, be sure to **list their names below**. They too will be asked for identification.

These precautions are necessary for the protection of your loved one so please give us your full cooperation.

Thank you!

Dan Goclano
Summer Camp Administrator

List below those who may pick up your camper:

Signed: _____ Date: _____

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SUMMER CAMP

MORE TRANSPORTATION INFORMATION

Once approved for transportation, please always keep in mind the following:

RIDE CANCELLATION

If your camper will be missing a day of camp or won't need a ride, you must notify the transportation service by calling 724-656-6868 before 7:30 A.M. If the bus comes for your camper and you did not call to cancel, service will stop until you call to resume pickup.

If you fail to cancel a second time, transportation will cease for the remainder of Camp.

ARRIVAL HOME

Camp dismissal is at 3:30 P.M. You MUST make sure someone is present when your child arrives home. If the parent/guardian is not at home when the child arrives, the child will be brought to the LCARC office. It will be the parent/guardian's responsibility to pick up their child at the office. If this should occur too frequently, by law we must notify Children's Services.



KEEP FOR YOUR RECORDS

IMPORTANT SUMMER CAMP PHONE NUMBERS

- Camp Cell Phone 724-651-3400

- LCARC Office 724-658-8515

- Transportation 724-656-6868



KEEP FOR YOUR RECORDS

GENERAL INFORMATION

Dear Campers, Parents, and Guardians,

To help camp run smoothly and keep problems to a minimum, please follow these guidelines:

- Mark everything sent to camp with your camper's name so that it does not get lost.
- Medications sent to camp must be in an original labeled prescription bottle or they can not be given.
- All medications should be given to the bus monitor when your camper boards.

JUST SO YOU KNOW...

- Swimming at the YMCA pool downtown will be held on Fridays. Please remember to send swim suits and towels on Fridays, with the camper's name on them.

Thank you for your cooperation!