



Coddington Road Community Center

920 Coddington Road

Ithaca, NY 14850

Phone: 277-1434, Fax: 277-8873

www.coddingtonroad.org



Camp Registration Form

Child's full name _____ Nickname _____ Birthdate _____

Address _____ City _____ Zip _____ Gender M F

Fall 2016 grade (must be at least 5 by Dec. 1, 2016) _____ Municipality (Required): _____

Parent/Guardian 1: Full name _____ Relationship _____

Daytime phone # _____ Cell phone # _____ E-Mail _____

Home address (if different from child) _____

Parent/Guardian 2: Full name _____ Relationship _____

Daytime phone # _____ Cell phone # _____ E-Mail _____

Home address (if different from child) _____

Other person to contact in an emergency: Name _____ Phone _____

Health & Medical Info: Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Health or dietary restrictions or special notes _____

Allergies _____

Current medications _____

Does child need medication at camp? Yes _____ No _____ If yes, we will send you an information & authorization form.

Note: Coddington cannot administer medications but can supervise the child self-administering. Medications must be kept out of reach of children.

Immunization Records: *The Health Department requires updated records **each year** before a child may attend camp. Please attach a copy of the immunizations listed below or fax us their current medical record at 277-8873:*

Dpt, Oral Polio, Hib, Hepatitis b, MMR & Varicella.

Yes ___ **No** ___ Do we have your permission to use photos of your child in our brochure, webpage, facebook, etc.?

Yes ___ **No** ___ Does your child have permission to carry on them and use FDA approved sunscreen?

Yes ___ **No** ___ If your child is unable to, does Camp Coddington Staff have your permission to assist in sunscreen application?

Permissions:

By my signature I attest that:

- I give permission for my child to participate in Camp Coddington programs, including off-site swim & field trips.
- In the event of an emergency, I give permission for my child to be transported by ambulance to receive any and all emergency medical, dental and/or surgical care and hospitalization advised by physicians named above (or at Cayuga Medical Center).
- I have provided information concerning my child's special needs (allergies, diet, disabilities, and/or other relevant information) to the program as may be necessary to assist the staff in properly caring for my child and in case of emergency.

Signature of parent or guardian

Date

Other parent or guardian signature

Date

Coddington Road Community Center is a nonprofit organization dedicated to supporting families by providing children and youth with exceptional care in a warm, accepting, and safe environment. We are committed to providing enriching educational experiences in which a child learns to carry out responsibilities, make decisions, express themselves creatively, and discover friendships. In partnership with Coddington staff, families and members of the community, we strive to help children realize their authentic selves.