

Registrar: IMMR() IDT() HI()

Adult Counselor Last Name: _____

Salem Covenant Church, 215 E. Mountain Street, Worcester MA 01606
Telephone (508) - 853 - 4071

Day Camp Counselor Registration Form for August 1 – 5, 2011
All forms *must* be in by **June 30th**

Counselor Information

Full Name _____

Home Address _____ City/State _____

Zip _____ Phone _____

Adult (circle one) S M L XL 2XL 3XL

EMERGENCY Information

*Known Allergies: _____

*Prescriptions to be given during camp time which will match the label on the container given by the health care provider.

* _____ at _____ (time)

* _____ at _____ (time)

*Incase of emergency, illness or accident to the counselor named above, the Day Camp Staff are authorized to proceed as indicated below. Please number each 1, 2, 3, etc., in the order of desired action.

() Contact _____ at _____ (address)
_____ (phone) _____ (Relationship)

() Contact _____ at _____ (address)
_____ (phone) _____ (Relationship)

() Take me to emergency hospital _____

() Take me to any licensed physician _____

() Other _____

*I understand that every effort will be made to provide me with safety and wellbeing. In the event of accident or injury, I authorize the Day Camp Staff to seek proper medical treatment. I give my permission for the use of any medical treatment required under the direction of a physician. I authorize that I be transported by ambulance in order to facilitate any necessary treatment. I agree not to hold Salem Covenant Church or its agents liable in such matters.

(Initial) _____

(Form continues on back)

Health Care Provider (HMO) Information

Name _____ Phone Number _____

Address _____ City / State _____ Zip _____

Other concerns:

Requirements

In order to be allowed to volunteer at Vacation Bible School you must also submit the following records. Volunteers will not be accepted until all records have been properly submitted within the time restraints.

- () Immunization records of Measles, Mumps, Rubella unless born *before* 1957
- () Immunization records of Diphtheria and Tetanus unless proof that you have had one within 10 years
- () Attach a health history information sheet signed by your physician with the following information on it.
 - () Allergies
 - () Required Medications
 - () Health Conditions / Impairments that might impairments that may affect activities of camp

Miscellaneous Information

- Suggested that lunches be brought every day. Please put lunches in a brown bag, no coolers, if you bring your own lunch.
- Please send registration forms to: C/O Camp Registrar
Salem Covenant Church
215 E. Mountain St
Worcester, MA 01606
- Confirmation letters will be sent upon receipt of registration form.

By signing below I assert that the information given is correct to the best of my knowledge.

Signature _____ Date _____