

Camp Echo
Registration/Medical Form

Circle the program that you will be attending:

Camp Echo: December 30, 2009 – January 1, 2010 - \$78.⁰⁰
Adult New Year's Eve Celebration December 31, 2009 – January 1, 2010 - \$86.⁰⁰

Name _____ M/F _____ Birth Date _____

Street/City & State/Zip _____

Home Phone _____ Email Address _____

Parent/Guardian _____ Phone (H) _____ (C/W) _____

Emergency Contact _____ Phone (H) _____ (C/W) _____

Special Dietary Needs _____

Allergies _____

Medical Information/Medications being taken _____

Medical Insurance Carrier _____ Insured's name _____

Policy/Group Number _____

Payment Method:

Check Visa MasterCard

Amount Due: _____ (Camp Echo \$78 per child; Adult New Year's Eve Party \$86 per adult)

Card Number: _____

Expatriation Date (XX/YY): _____

Cardholder's Name (please print) _____

Cardholder's Signature: _____

This section must be signed by a parent or guardian:

I hereby register my child for Camp Echo, and give him/her permission to participate in all related activities. I give permission to release my child's name, address, and email address to other people participating in the program. I give permission for still/video pictures of my child to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care for my child, as needed.

Signature _____

Date _____

Return this form to:
Camp Echo c/o CCRM
158 Casowasco Dr. Moravia, NY 13118