



CAMP APPLICATION

Please print or type.

Camp Rising Sun



538 Preston Avenue
PO Box 1004
Meriden, CT 06450
(203) 379-4762
1-800-492-7161
FAX:203-379-5060

Camper's Name _____

Address _____

City, State, Zip _____

Birth Date _____ Age _____ Male/Female _____

E-Mail Address _____

T-shirt Size Youth S _____ M _____ L _____ Adult S _____ M _____ L _____ XL _____

Diagnosis _____ Date _____

Parent or Guardian _____

Home Address _____

Business Address _____

Home Phone () _____ Work Phone () _____

Second Parent/Guardian, or Emergency Contact _____

Home Address _____

Business Address _____

Home Phone () _____ Work Phone () _____

If Not Available In Emergency, Notify _____

Address _____

Home Phone () _____ Work Phone () _____

Relationship _____

Name of Physician _____ Phone () _____

Preferred Hospital _____ Phone () _____

Insurance Carrier _____ Policy Number _____

All campers must undergo a complete physical exam within 12 months prior to camp, and submit the completed and signed **Camper's Medical Form** in addition to this application. The form must be completely filled out and signed by a parent/guardian and a physician before anyone can be admitted to camp. No exceptions can be made to this requirement.

Immunization History: State requirement for camp. Must be kept up-to-date.

DPT Series	Booster	Last Tetanus Booster	Chicken Pox
Polio Booster	Last Tuberculin Test	MMR	Other
Any recent or current infectious/communicable disease exposure? Please explain.			

Proof of measles vaccine must accompany this health form. Please fill in *actual dates*. Do not check or fill in with "up to date." Tetanus must be within the past five years.

What are some of the camper's favorite activities?

Does the camper have any strong dislikes or fears?

Girls: Has the camper menstruated? Yes No If not, has she been told about it? Yes No

Additional Information You Want to Add:

Photo Release: I hereby authorize the American Cancer Society to use pictures of me or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). I hereby release the American Cancer Society, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid videotape, testimonial, motion picture, digital image, or photograph likeness may be used. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Consent: I approve this application, and certify that I/my child/ward is capable of such an experience. I agree to notify the camp physician if any member of my family attending camp is exposed to any communicable diseases during three weeks prior to camp. I consent to the administration of first aid and routine care for me or my child by camp staff, and that camp staff seek appropriate emergency room treatment if necessary. I give my approval for the camp nurse to contact my physician if necessary.

Your child will only be released from camp to the individual signing consent above unless the following information is included. I authorize the following person(s) to pick my child up from camp.

Name _____

Phone _____ Relationship to child _____

Signature _____ Date _____

Printed Name _____

Please return this completed application, with the Camper's Medical Form, to:

Camp Rising Sun, 538 Preston Avenue, PO Box 1004, Meriden, CT 06450