

# Wonderful World of Water Day Camp 2022 Registration Form

in partnership with Penn State Extension/Master Watershed Stewards and  
Riverfront Parks Committee

**\*\* Application Deadline - JUNE 30 \*\***

_____ Camper's Name (Last, First)	_____ Middle Initial	____/____/____ Date of Birth	____/____ Current Age/Grade	_____ Sex (M/F)
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_____ Parent/Guardian 1
_____ Home Address
_____                      _____                      _____ City                                      State                                      Zip
_____ E-mail
_____ Home Phone (      )
_____ Cell Phone (      )

_____ Parent/Guardian 2
_____ Home Address
_____                      _____                      _____ City                                      State                                      Zip
_____ E-mail
_____ Home Phone (      )
_____ Cell Phone (      )

<u>Emergency Contact</u>
_____ Home Address
_____                      _____                      _____ City                                      State                                      Zip
_____ Phone (      )
_____ Relationship to Child

- T-Shirt Size (Circle)  
Youth / Adult  
Small / Medium / Large / XLarge
- The camp day begins at 9am and ends at 3pm.
  - Please provide snacks and drinks.
  - You must provide a healthy bag lunch for your child daily.
  - Children must be a direct family member of a current Pennsylvania American Water customer. The customer must be the child's legal guardian.
  - Camp will follow all health/masking guidelines of the host facility.
  - Customer's recent 2022 water bill must be stapled to this form in the upper right corner for the application to be considered for the 2022 Pennsylvania American Water Camp. The Customers billing name must match the name of the child's legal guardian.
  - A \$10 deposit will reserve a spot in the camp. Deposit will be refunded at the conclusion of camp. Please make check payable to Riverfront Parks; mail check to: Water Camp, Penn State Extension; 16 Luzerne Avenue, Suite 200; West Pittston, PA 18643

### Pennsylvania American Water Customer Information

_____ Customer Name:
_____ Account Number:
_____ Mailing Address:
_____ _____ _____
_____ Extra Info:

Please attach a recent 2022 Pennsylvania American Water bill to this application by stapling it to the upper right corner of this form. Applications without a recent Pennsylvania American Water water bill attached may not be accepted toward this years camp.

\_\_\_\_\_

Camper's Name (Last, First)

\_\_\_\_\_

Middle Initial

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

\_\_\_\_/\_\_\_\_

Current Age/Grade

\_\_\_\_

Sex (M/F)

**Medical Information**

**Allergies**

**Family Physician:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

Group: \_\_\_\_\_

Policy: \_\_\_\_\_

- Hay Fever \_\_\_\_\_
- Poison Ivy \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Penicillin \_\_\_\_\_
- Other Drugs \_\_\_\_\_
- Food (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Health Conditions** (provide dates and more information where applicable)

- Bleeding Disorder \_\_\_\_\_
- Convulsions/Epilepsy \_\_\_\_\_
- Learning Disability \_\_\_\_\_
- Behavioral Issues \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Asthma \_\_\_\_\_
- ADD/ADHD \_\_\_\_\_
- Other \_\_\_\_\_

Is your child bringing a prescription or over-the-counter medication? Yes / No (If yes, complete the following)

**Medication**

**Dosage**

**Reason**

The health history is correct to the best of my knowledge and the person described within has permission to engage in all camp activities except as noted. Permission to secure treatment: I give permission to have my child treated by Riverfront Parks/Penn State Extension Camp Staff or a physician in case of a severe illness or emergency in which I cannot be reached. I hereby give permission for the medical personnel selected by Camp Director to order x-ray, routine tests, and all treatments necessary if I cannot be reached in an emergency.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:**

I hereby give permission for my child's photograph to be used in Riverfront Parks, Penn State Extension, Wilkes University and Pennsylvania American Water publications and for advertising and promotions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Authorization to Leave Premises:**

I hereby give permission for my child to be transported by Penn State Extension staff to an off-site destination as part of a broader camp experience. (Parents will be notified before any trip)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please return camp application along with \$10 deposit, payable to Riverfront Parks (refunded on last day of camp) to Water Camp, Penn State Extension; 16 Luzerne Avenue, Suite 200; West Pittston, PA 18643

Riverfront Parks and Penn State Extension acknowledge that your child has voluntarily enrolled in "Pennsylvania American Water Camp" at Wilkes University located at 84 West South Street, Wilkes-Barre, Pennsylvania (the "Property"), July 11-14, 2022.

You, by signing this Release and Waiver of Liability, on behalf of yourself and your child, hereby release and hold harmless Riverfront Parks, Pennsylvania American Water, Penn State Extension, Wilkes University and its officers, directors, employees, from any and all liability resulting from any injury your child may sustain in connection with and arising out of such hazards, or in connection with your child's participation in the camp, or your child's presence on Property.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_