



*Albany  
Country Club*

## 2019 SUMMER CAMP REGISTRATION FORM

Camper Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

School Grade \_\_\_\_\_ (As of September 2019)

Parent's names \_\_\_\_\_

E-mail Address \_\_\_\_\_

Member Sponsor Name & member # \_\_\_\_\_

Albany Country Club will only release campers to the custody of their parent(s) or legal guardians, unless there is prior notification in writing to the site director by that parent or legal guardian. Therefore, Camp ACC is authorized to release \_\_\_\_\_ (camper name), a minor, only to the care of those listed below:

**Name**

**Telephone**

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

Any additional info you would like us to know:

\_\_\_\_\_

\_\_\_\_\_



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# 2019 SUMMER CAMP HEALTH FORM (PAGE 2)

## Part Two --- Health Information

### Basic Health History:

- |  |                                     |   |                                   |                                       |
|--|-------------------------------------|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> asthma     | <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> diabetes | <input type="checkbox"/> heart defect |
| <input type="checkbox"/> convulsions             | <input type="checkbox"/> epilepsy   | <input type="checkbox"/> hyperactivity      |                                   |                                       |
| <input type="checkbox"/> hypertension            | <input type="checkbox"/> bedwetting | <input type="checkbox"/> sleepwalking       |                                   |                                       |

### Allergies:

- |                                    |   |   |   |
|------------------------------------|---|---|---|
| <input type="checkbox"/> hay fever | <input type="checkbox"/> penicillin     | <input type="checkbox"/> serious poison ivy | <input type="checkbox"/> bee stings       |
|                                    | <input type="checkbox"/> food allergies | <input type="checkbox"/> aspirin            | <input type="checkbox"/> other (specify): |

**Immunizations:** All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

\_\_\_\_\_ DPT      \_\_\_\_\_ Polio      \_\_\_\_\_ Measles      \_\_\_\_\_ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." \_\_)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Camp:

Prescription Drugs Camper Brings to Camp:  
(include instructions)

## Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.

Physical Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone # of Family Physician \_\_\_\_\_ (    ) \_\_\_\_\_