



Palisades Youth Crew

*Together Strong
Strong Together*

PYC Registration Form

Name of Child _____

Birth Date _____ Sex _____

Parent of Guardian _____

Phone (____) _____

Cell Phone (____) _____

Address _____

City _____

State _____ Zip _____

E-mail _____

If not available in an emergency, notify:

Name _____

Phone (____) _____

Relationship and Address _____

Name _____

Phone (____) _____

Relationship and Address _____

HEALTH HISTORY: (Check, giving approximate dates)

Ear infections _____ Hay Fever _____ Convulsions _____

Ivy Poisoning, etc. _____

Diabetes _____ Behavior _____ Insect Stings _____

Penicillin or other drug Allergies _____

Chicken Pox _____ Measles _____ Mumps _____ Asthma _____

Last Tetanus _____

Operations or serious injuries (dates) _____

Chronic or recurring illness

Details of above

Any specific activity to be encouraged?

Restricted Activity?

General emotional well being

Special diet

Special medicines or medications

Self-administered or bringing to camp

Other concerns regarding your child's ability to participate in any of the activities of this camp?

Are you opposed to your child receiving Tylenol, over-the-counter anti-inflammatory or antihistamine medication if requested? _____

Parent's Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all youth group activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to Elizabeth Cruickshank and Lynette Reed, program directors, to secure immediate medical treatment for my child, including as per a physician's recommendation, injection, anesthesia or surgery.

Insurance Company _____

Insurance Policy # _____

Date _____

Signature _____