



**AMERICA'S
CAMP**

STAFF Registration - America's Camp Summer Reunion August 26th, 2012

Please return these forms to America's Camp c/o Howard Greenstein, 3 Burlington Ave. Suffern NY 10901

First Name _____ **Last Name** _____

Address _____

City _____ **ST** _____ **ZIP** _____

Age: _____ **Date of Birth** _____

Your Mobile # _____ **Email** _____

T-shirt Size Adult: ___S ___M ___L ___XL ___XXL

Any Siblings at Camp for reunion? : _____

Transportation:

- Van from Boston Area (I will be a bus counselor for this event)
- Bus from Queens, NY (I will be a bus counselor for this event)
- Bus from Rockland/Westchester NY (I will be a bus counselor for this event)
- Need Pickup/Drop off from Bus in Pittsfield
- I Will Drive to and from Camp for the reunion

Logistics:

- I'll be at camp on Sunday, August 26th Only
- I need to arrive on Saturday Aug 25th
- I need to arrive on Friday Aug 24th (special permission, email americascamp@gmail.com)

Should you be arriving early, you must bring everything you need, assume there will be no linen or towel service. Bring your own sheet and blanket, sleeping bag, pillow+case, towels, etc.

EMERGENCY CONTACT INFORMATION:

Contact 1

First Name _____ **Last Name** _____

Home Phone _____ **Cell Phone** _____

Contact 2

First Name _____ **Last Name** _____

Home Phone _____ **Cell Phone** _____

Staff Medical Release

Authorization for Distribution of Prescriptions: I hereby authorize **America's Camp** to administer medications in accordance to the regulations listed in CMR101. **Authorization for Routine Medical Treatment:** I hereby authorize the Camp to give routine medical care as outlined in the standing orders for the camp, or to obtain help for me in the event of an emergency.

Allergies (List and describe reaction and management of the reaction)

Any Conditions or Restrictions we should know about for this event?

Printed Name: _____

Signature of Staff member

Date