

CAMP LAURELWOOD



Registration Form

Name of camper: _____

Address: _____

City: _____ State/Zip: _____

Telephone: _____

School: _____

Age: _____ Date of birth: _____ Grade level September 2022: _____

Mother's email: _____

Cost: \$150 (\$200 family max.)

\$25 discount if applying before April 15.

Paperwork can be emailed to Katie Schneider (schneider.katie.r@gmail.com) or mailed to 34 Wiggins Street Princeton, NJ 08540. Payment can be made online or checks (made out to PWCC) can be sent to 34 Wiggins Street Princeton, NJ 08540.

Authorization for Emergency Care and Medical Information

Camper's name: _____

Parent(s)/Guardian(s) name(s): _____

Authorization:

If an emergency arises while my daughter is at Camp Laurelwood, I, _____, direct the Camp Laurelwood staff to try to contact me. If I cannot be reached in the case of an emergency, Rose Marie McCabe or her designee is directed to seek emergency care for my daughter, _____, at the nearest medical or hospital facility.

Signature of Parent/Guardian

Date: _____

Second Parent or Emergency Contact: _____ Phone: _____

Health History: _____

Chronic or recurring illness or medical condition: _____

Doctor's Name: _____ Phone: _____
Currently under the care of a physician for the following condition(s):

May aspirin/non-aspirin substitute be administered? _____
Any dietary restrictions: _____

Any allergies (food, drugs, plants, insects, etc.): _____

Suggestions or additional health related information for program staff: _____

Insurance Information:
Insurance carrier: _____ ID #: _____ Group #
_____ Carrier address and phone:

Permission to Photograph

I, _____, parent of _____,
give my permission to the Laurelwood staff to take photographs or videos of my
daughter to be used in future Laurelwood promotions.

Parent signature: _____ Date: _____