

United Activities Unlimited, Inc.
PO Box 140707
Staten Island, New York 10314
<http://unitedactivities.org>

2017 UAU, Inc. Summer Day Camp Registration Form

Camp _____ Date _____

Child's
Name _____ D.O.B. _____ Age _____

What age group would you like your child to be placed in? _____

Child's T-Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Address _____ Zip _____

Telephone # _____

Emergency Contact _____

Emergency Telephone # _____

School Currently Attending _____

Grade as of September 2017 _____

Name of

Parents/Guardians _____

Address _____ Zip _____

Additional Telephone #'s _____

Parent/Guardian E-mail address(es) _____

I agree to abide by all rules of United Activities Unlimited, Inc., and understand that failure to do so can result in my being denied the privilege of participating in the summer camp program.

Signature of Camper or Parent

EMERGENCY HOME CONTACT

Date: _____

Child's
Last Name: _____ First: _____

Child's Date of Birth: _____ (Sex) Male: _____ Female: _____

Mother or Guardian: _____

Home Phone: _____ Business #: _____ Cell: _____

Home Address: _____

Business Address: _____

Father or Guardian: _____

Home Phone: _____ Business #: _____ Cell: _____

Home Address: _____

Business Address: _____

If the teacher cannot get in touch with either parent, name a friend or relative who may be called if your child is sick in camp:

Name: _____

Address: _____

Phone: _____

Doctor: _____

Address: _____

Phone: _____

Should any activity be restricted?: _____

If none of the above can be reached by phone, what do you wish the camp to do in case your child is sick or injured? _____

(It is understood that the final disposition in an emergency case, the judgment of the camp authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.)

If at any time the above information must be changed, I will notify the teacher in writing.

Signature of Parent or Guardian