

Grosse Ile Township Recreation Department  
Registration Record 2018 Summer Camp (Rule 117 2)

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email address \_\_\_\_\_

**If under 18**

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

**In case of Emergency contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Health Insurance Information:**

Insurance Company \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Group Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Only release this camper to the following adults:**

1. \_\_\_\_\_ relationship \_\_\_\_\_

2. \_\_\_\_\_ relationship \_\_\_\_\_

3. \_\_\_\_\_ relationship \_\_\_\_\_

4. \_\_\_\_\_ relationship \_\_\_\_\_

Parental or guardian permission is required:

I give my permission for \_\_\_\_\_ to attend and participate in Grosse Ile Recreation summer Day Camp to be held from 9:00 am-4:00 pm located at Centennial Farm and Water's Edge Locations.

Please list any special needs, limitations, adaptations: \_\_\_\_\_

Please list any special behavioral considerations and how they are handled.

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_