



Parks Recreation & Waterfront  
 Recreation Division  
 2701 Telegraph Ave.  
 Berkeley, CA 94705  
 Tel: (510) 981-5140 | Fax: (510) 981-5160  
 www.cityofberkeley.info/camps

# BERKELEY DAY CAMP Counselors-In-Training

## Registration Form 2018 Ages 14-15

PLEASE PRINT CLEARLY

### YOUTH PARTICIPANT INFORMATION (Please complete one form for each participant)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by Summer 2015: \_\_\_\_\_

### MAIN ACCOUNT CONTACT (PARENT/GUARDIAN)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Other # ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### EMERGENCY CONTACT TELEPHONE LIST (OTHER THAN MAIN ACCOUNT CONTACT)

Please provide a list, in order of importance that may be contacted during program hours 7:30am-6pm.

Name	Relationship	Phone #(cell)
<i>Example: Mary Smith</i>	<i>Friend</i>	<i>(510) 111-2222</i>
1.		
2.		
3.		
4.		

### PICK-UP LIST

I authorize the following individuals to "pick-up" my child from the COB Recreation Programs. Please include names of Parents/Guardians.

1.	3.
2.	4.

\*Additions will be accepted in writing (note with expressed permission dated and signed) and given to a Camp Staff Member.

- Does your child have any **physical/cognitive disabilities**? If so, please list.  YES  NO
- Does your child have any **allergies or dietary issues**? If so, please list.  YES  NO
- Does your child have permission to walk to/from home or recreation facilities?  YES  NO
- Does your child have permission to canoe? (life jackets provided by the City)  YES  NO

