

ECF SUMMER 2010 CHILD INFORMATION FORM

(Complete only if not enrolling online.)

Child's Name (last) _____ (first) _____ (nickname) _____

Home telephone _____ Date of Birth ____/____/____ Age _____ Male _____ Female _____

Returning Applicant _____ New Applicant _____

Parent One Name _____ Daytime/Cell Phone _____ Email _____

Parent Two Name _____ Daytime/Cell Phone _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Name & relation of emergency contact _____ Phone _____

Person(s) authorized to pick up child _____

Name of physician _____ Phone _____

Health condition(s) and/or special needs that staff should be aware of* _____

Activities in which your child should not participate _____

Life-threatening allergies ___ No ___ Yes* (describe) _____

Does your child take any medication (prescribed or over the counter)? ___ No ___ Yes*
(describe) _____

If yes, please provide reason, dosage, and frequency _____

* The Summer Programs health professional or program director may require additional documentation or wish to speak to you prior to completing your registration

Date of last physical examination:** _____ (2010 Health Record form must be completed)

** Please note that all children attending summer programs must have a complete physical examination within 12 months of attendance of camp and the Health Record form must be completed by a licensed physician.

I, the parent/guardian of the above-named student, hereby give permission to the Ethical Culture Fieldston School, its agents, representatives, and employees for my child to participate in all activities offered by ECF Summer 2010, except those activities in which I or the examining physician has recommended that the student not participate. In consideration of my child's participation in ECF Summer 2010, I, the undersigned, waive all claims for damages I may have against Ethical Culture Fieldston School, its directors, trustees, faculty and employees for any and all injuries suffered by my child. I also give permission to the Summer Program in which my child is registered, if they are unable to contact me, to take any necessary steps to obtain proper treatment of my child in the event of a sudden illness or injury. I understand that every effort will be made to notify me immediately in case of such an emergency. I further agree to be totally and completely responsible for the payment of all debts, expenses, or bills incurred in connection with any illness or injury.

Parent/guardian name (printed) _____ Date _____

Signature _____ Relation to child _____

If not enrolling online, please return this form with payment to the appropriate Summer Program Director:

David Smelin
Director, Fieldston Outdoors
3901 Fieldston Road
Bronx, NY 10471

Steve Bluth
Director, Fieldston Sports
3901 Fieldston Road
Bronx, NY 10471

Collin Henry (c/o Trish Shelton)
Fieldston Sports Clinic:
3901 Fieldston Road
Bronx, NY 10471

Vincent LeBrun
Director, French Program
3901 Fieldston Road
Bronx, NY 10471

Ginny Katz
Director, Weeks of Discovery
33 Central Park West
New York, NY 10023

Rochelle Reodica
Director, Weeks of Adventure
3901 Fieldston Road
Bronx, NY 10471