

**Northern Berkshire Youth R.O.P.E.S.
Summer Program**

Name _____ Birthdate _____

Address _____ City/Town _____

Father _____ Phone (H) _____ (W) _____

Mother _____ Phone(H) _____ (W) _____

Guardian _____ Phone(H) _____ (W) _____

If a Parent cannot be reached, names of responsible adult (s) who can pick up child.

Name _____ Phone _____

Name _____ Phone _____

Any Allergies? _____

Any Medications? Type and administration

Dose/Time _____

Any additional information we should be aware of: _____

E-mail address in which parents and children will receive notices from the ROPES camp:

Parent: _____ **Child:** _____

This used to send notifications to campers ie: team assigned to, schedules, etc.

School attending/Grade completed in June 2012 _____

T-Shirt Size: Child size: _____ **OR Adult Size:** _____

Camp Selection (mark 1st and 2nd choice): July 16-20, 2012 _____ **August 6-10, 2012** _____

I have read and understand the rules permitting my child to attend the ROPES Summer Program.
I hereby authorize the staff of the Northern Berkshire Youth ROPES Summer Program to administer my child's medication in the appropriate dosage and time according to the prescription medication information I have provided.
I also authorize the medical staff of the Northern Berkshire Youth ROPES Summer Program to administer medical care to my child in the event of injury or illness.

Signature of Parent or Guardian: _____ **Date:** _____