SUNY ORANGE SUMMER CAMP HEALTH FORM
(You must complete both sides of this form)

Are there any medical conditions requiring special attention?  □ Yes  □ No
If so, please list: __________________________________________
________________________________________
________________________________________

Allergies?  □ Yes  □ No
If so, please detail specific allergy and type of reaction: __________________________________________
________________________________________
________________________________________

Does child carry an Epi-pen?  □ Yes  □ No

Does Child have Asthma?  □ Yes  □ No
If so, explain triggers, frequency of attack and treatment: __________________________________________
________________________________________
________________________________________

Does child carry an inhaler?  □ Yes  □ No

Is prescription medication taken regularly?  □ Yes  □ No
If so, specify drug, dosage and frequency: __________________________________________
________________________________________
________________________________________

Please note: If any medication is to be given at camp, a doctor’s order must accompany this form or be faxed to Health Services at 845-341-4872. This medication is to be brought to Health Services in the original prescription container on the first day of camp. Please address any medical questions/needs to Health Services at 845-341-4870.

(You must complete both sides of this form)
2014 SUMMER CAMPS
SCHEDULE

Girls Basketball Camp
Ages 8-14
Mon., June 30 thru Thurs., July 3  9 a.m. to 1 p.m.
Camp Director: J. Lauro
cost: $80
*no camp on July 4th

Boys Basketball Camp
Ages 8-14
Mon., July 7 thru Fri., July 11  9 a.m. to 1 p.m.
Camp Director: J. Detz
cost: $100

Girls Softball Camp
Ages 8-13
Mon., July 21 thru Fri., July 25  9 a.m. to 1 p.m.
Camp Director: S. Madura
cost: $100

Boys Baseball Camp
Ages 8-13
Mon., July 14 thru Fri., July 18  9 a.m. to 1 p.m.
Camp Director: W. Smith
cost: $100

2014 SUMMER CAMPS APPLICATION FORM

NAME ___________________________________________
AGE _________ SCHOOL __________________________
GRADE _______ PHONE __________________________
HOME ADDRESS ___________________________________
CITY _________________ STATE _____  ZIP ___________

T-SHIRT SIZE:  □ Small □ Med □ Large □ X-large
(Adult sizes)

_____ Girls Basketball Camp (Ages 8-14)
_____ Boys Basketball Camp (Ages 8-14)
_____ Girls Softball Camp (Ages 8-13)
_____ Boys Baseball Camp (Ages 8-13)

Please make checks payable to:
ORANGE COUNTY COMMUNITY COLLEGE
(Returned checks will be charged a $15.00 fee)

And return to:
ATHLETIC DEPT.,
Attn: Stacey Morris
Orange County Community College
15 South Street, Middletown, NY 10940

Office telephone:
(845) 341-4215  (845) 341-4242
(Please call between the hours of 9:30 a.m. and 3 p.m.)

*Health Forms must accompany application form.

SUNY Orange Sports
Camps Offer:
♦ Expert Instruction from College Coaches and Players
♦ Skill Development and Game Play
♦ Outstanding Facilities
♦ Snack Bar/Lunch Available

Our goal is to provide the opportunity for boys and girls in the local community to receive fundamental sports skill instruction and team play at a reasonable price.

SUNY ORANGE SUMMER CAMP HEALTH FORM
(You must complete both sides of this form)

Camper’s Name: ___________________________
Attending what camp(s): __________________
________________________________________
________________________________________

Please complete the health history and emergency contact information and return this form to the Athletic Department along with your application form. This information is strictly for the use of the Health Center and the Athletic Department and will not be released to anyone without your knowledge and consent.

Last name of Camper: ______________________
First name: _______________________________
Age: _____________ Sex: M  F
Name/relationship of person to be notified in case of emergency: ___________________________

Emergency Telephone Numbers:
Home Phone: _____________________________
Work Phone: ______________________________
Cell Phone: _______________________________

Personal Physician: _________________________
Physician’s Address: _______________________
Physician’s Phone: _________________________

Authorization for First Aid or Emergency Treatment
I do hereby authorize Orange County Community College to provide first aid treatment and in case of emergency, I authorize the transportation and treatment necessary by a physician and/or at a hospital. I shall assume any expenses which arise as the result of such treatment.

SIGNED
(signature of parent/guardian if applicant is under 18 years of age)
This form not valid without signature