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)
**2011 SUMMER CAMPS SCHEDULE**

**Boys & Girls Tennis Camp**
Ages 8-14
Mon., June 27 thru Fri., July 1  9 a.m. to 1 p.m.
Camp Director: TBA
Cost: $100

**Girls Basketball Camp**
Ages 8-14
Tues., July 5 thru Fri., July 8  9 a.m. to 1 p.m.
Camp Director: J. Lauro
Cost: $80

**Boys Basketball Camp**
Ages 8-14
Mon., July 11 thru Fri., July 15  9 a.m. to 1 p.m.
Camp Director: T. Rickard
Cost: $100

**Boys Basketball Camp**
Ages 10-17
Mon., July 18 thru Fri., July 22  9 a.m. to 1 p.m.
Camp Director: T. Rickard
Cost: $100

**Boys Baseball Camp**
Ages 8-14
Mon., July 25 thru Fri., July 29  9 a.m. to 1 p.m.
Camp Director: W. Smith
Cost: $100

**Boys & Girls Soccer Camp**
Ages 8-12
Mon., June 27 thru Fri., July 1  9 a.m. to 1 p.m.
Camp Director: V. Tobar
Cost: $100

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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 Camps in Middletown offer:**
- College Coaches
- Outstanding Facilities
- Snack Bar/Lunch Available
- Skill Instruction and Game Play

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**2011 SUMMER CAMPS APPLICATION FORM**

NAME ___________________________

AGE ______ SCHOOL ________________________

GRADE ______ PHONE _______________________

HOME ADDRESS ___________________________

CITY __________________ STATE ______ ZIP ______

T-SHIRT SIZE:  □ Small □ Med □ Large □ X-large

(Adult sizes)

_____ Boys & Girls Tennis Camp (Ages 8-14)

_____ Girls Basketball Camp (Ages 8-14)

_____ Boys Basketball Camp (Ages 8-14)

_____ Boys Basketball Camp (Ages 10-17)

_____ Boys Baseball Camp (Ages 8-14)

_____ Boys & Girls Soccer Camp (Ages 8-12)

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.

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**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