



Registration - Page 2
PLAST CAMP – CAMPER RECORD

Camper's Name: _____

Guardian's Name: _____

<input type="checkbox"/> Novachka	<input type="checkbox"/> Novak
<input type="checkbox"/> Yunachka	<input type="checkbox"/> Yunak
<input type="checkbox"/> U-2	<input type="checkbox"/> Ptashatko

1. ALLERGY INFORMATION: *If NO allergies please check box→ skip down to section 2.* ☐

Allergies to Medications (e.g. penicillin, sulfa, etc.) **EPI Pen?** ☐ **Please check for yes**

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Allergies to Foods (e.g. peanuts, fish, berries, etc.) **EPI Pen?** ☐ **Please check for yes**

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Other Allergies (e.g. bees, poison ivy, latex, etc.) **EPI Pen?** ☐ **Please check for yes**

Item: _____ Reaction: _____

Item: _____ Reaction: _____

Item: _____ Reaction: _____

2. ACUTE/CHRONIC MEDICAL CONDITIONS: *If NONE please check box→ skip down section 3.* ☐

Does applicant have any of the following: asthma ☐ diabetes ☐ enuresis ☐ epilepsy ☐ last seizure: _____

Does applicant have any behavioral problems? (i.e. ADD, ADHD, autism, autism spectrum, OCD) _____

Does applicant have any psychiatric problems? (i.e. anxiety, depression) _____

3. UKRAINIAN LANGUAGE PROFICIENCY

The Plast camp program is conducted exclusively in the Ukrainian language. For the program's sake and for your child's safety and enjoyment, your child must understand/comprehend the Ukrainian language. If it is determined by camp staff and administration that your child does not have sufficient comprehension of the Ukrainian language, which enables them to understand oral instructions and participate in the camp program, your child may be sent home.

My child's Ukrainian language proficiency/comprehension and oral expression: **fluent** **average** **other – please explain**

By signing below, I certify that the above information is correct.

Guardian's Signature: _____

Date: _____

**PLAST CAMP – EMERGENCY CONTACT**

Camper's name: _____ D.O.B. _____

Height _____

Weight _____ Guardian's address during camp (if different): _____

Eye color _____

Hair color _____

☐ Novachka ☐ Novak☐ Yunachka ☐ Yunak☐ U-2 ☐ Ptashatko

	Guardian # 1	Guardian # 2
Name		
Home phone		
Cell Phone		
Work phone		
Email		

Attach
THIS SIZE
photograph
of camper
here
(taken within the
last 6 months)

In case of emergency, guardians will be called first. If guardians are unavailable, these people should be contacted in this order:

1. Name: _____ Relationship to camper: _____

Home: _____ Cell: _____ Work: _____

2. Name: _____ Relationship to camper: _____

Home: _____ Cell: _____ Work: _____

3. Name: _____ Relationship to camper: _____

Home: _____ Cell: _____ Work: _____

If the above information should change, I will notify the camp immediately.

Guardian signature_____
Date**Authorization for Field Trips**

I am aware that the camp program may include several field trips and that these field trips may involve any, all, but not limited to the following: crossing state boundaries, travel by charter bus or private car, swimming, and overnight stay outside of Plast Camp property. Understanding the above, I hereby give my child permission to participate in these field trips.

Guardian signature_____
Date