

# INFORMATION/PERMISSION FORM

A \$50 deposit is required and is NON REFUNDABLE. If cancellation is needed after paying in full, a refund will be given minus the \$50 deposit via check or PayPal.

Please drop off and pick up your child at the same entrance they were dropped off. Drop off begins 30 minutes prior to the start of camp and pick up has to be on time unless Tay is notified.

PLEASE DO NOT drop off and/or pick up your child without ensuring that your child is signed in/out by a camp counselor. This is Mandatory.

If a child is going back home with a friend or another family member Tay MUST be notified at camp. Tay understands that car-pooling happens often throughout the week among friends and families.

Tay Fisher's camp is not responsible for lost belongings found. Items will be held for one week after the camp has ended. Be sure to label your child's possessions. Lost items will be given to the venues lost and found.

I understand that if a vending machine is used that no change or refund will be supplied. Water and Gatorade will be on SALE at Tay Fisher's camp.

Signing this form also gives absolute right and permission to use your child(s) photograph(s) in its promotional materials and publicity efforts. Photographs(s), may be used in a publication, print ad, direct-mail piece, Tay Fisher website or other forms of promotion or information. I release Tay Fisher camp, its agents, staff, and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

**Please sign your name below if you DO NOT want your child's photo used**

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**IMPORTANT REMINDER: Your child will NOT be allowed to attend camp until the Health & Permission Form is completed, signed and returned to the address below:**

**Tay Fisher's Camp  
PO BOX 3553  
Kingston NY 12402**

**The form can also be bought upon arrival on the first day of camp or sent back via email ([mwyncoop@gmail.com](mailto:mwyncoop@gmail.com)).**

If any medication is needed please contact Mark Wyncoop via phone (845-901-0200) or email ([mwyncoop23@gmail.com](mailto:mwyncoop23@gmail.com)) to make sure your child is taken care of properly during the week of camp. All information will be kept confidential.

Please provide your email address below

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# HEALTH FORM

**IMPORTANT REMINDER:** Your child will NOT be allowed to attend camp until the Health & Permission Form is completed, signed and returned to the address below: Tay Fisher's Camp PO BOX 3553, Kingston NY 12402 or brought upon arrival on the first day of camp. If any medication is needed please contact Mark Wyncoop via phone (845-901-0200) or email ([mwyncoop23@gmail.com](mailto:mwyncoop23@gmail.com)) to make sure your child is taken care of properly during the week of camp. All information will be kept confidential.

**Please print clearly:** Child's Last Name \_\_\_\_\_  
First Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Grade (upcoming school year) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

**Health History:** Please list any medical conditions your child has including: recent /current illness or injury, existing medical condition, restriction or limitation, seizure disorders, asthma, allergies (i.e, medications, food, insect stings, etc) or special needs. Also list any medication taken by the camper at home or during camp hours.

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Please inform us of any medication your child is carrying to camp

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Please fill in the immunization dates below or attach the information provided by your doctor  
IMMUNIZATION DATES:

	1 <sup>ST</sup> DOSE	2 <sup>ND</sup> DOSE	3 <sup>RD</sup> DOSE	BOOSTER
Measles	_____	_____		
Mumps	_____			
Rubella	_____			
OPV	_____	_____	_____	_____
DPT	_____	_____	_____	_____
HIB	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____
Varicella (Chicken Pox)	_____			

I give permission for my child noted above to receive medical treatment in case of injury while attending Tay Fisher's camp. I authorize transportation to a hospital and permission to release his/her medical information. I understand that I am responsible for all payments for medical treatment received from non-camp sources.

- I hereby give permission for my child to attend and take part in Tay Fisher's camp
- I understand and give permission for all those responsible for my child to be informed of any restriction s or medical conditions which will impact my child's well being while at Tay Fisher's camp i.e seizures, asthma, allergies, etc

**Please sign** \_\_\_\_\_

**Date** \_\_\_\_\_