

OUTDOOR ADVENTURE CLUB
320 Peruville Rd.
Lansing, N.Y.
BY COMMON FIELD, INC.
SUMMER 2012
REGISTRATION FORM

(please print)

NAME: _____
MALE: _____ FEMALE: _____ D.O.B. _____ AGE: _____ GRADE: _____
ADDRESS: _____
PARENT'S NAME: _____
HOME PHONE: _____ WORK: _____ CELL: _____
PERSON TO CONTACT (other than parents or guardian) IN CASE OF EMERGENCY;
NAME: _____ PHONE: (DAY) _____
FAMILY PHYSICIAN: _____ PHONE: _____
MEDICAL PROBLEMS AND MEDICAL INFORMATION: _____

I hereby give permission for my child to participate in the Outdoor Adventure Club Program and in the event of illness or injury, to be treated by emergency personnel or at a local medical facility. I also agree not to hold Common Field, Inc., or anyone associated with the program, liable for any injury or illness as a result of participation in this program.

Parent's Signature _____

IMMUNIZATIONS: give month and year (a photocopy of your child's school immunization record will be accepted)

DPT 1. ____/____ 2. ____/____ 3. ____/____ DT BOOSTER ____/____
ORAL POLIO 1. ____/____ 2. ____/____ 3. ____/____ 4. ____/____
MEASLES 1. ____/____ 2. ____/____ MUMPS 1. ____/____ 2. ____/____
RUBELLA 1. ____/____ 2. ____/____ MMR 1. ____/____ 2. ____/____

DONATION (required with registration form) \$100 per week.

WEEK #1 – JUNE 18-22;	_____	WEEK #2 - JUNE 25-29;	_____
WEEK #3 – JULY 2-6;	_____	WEEK #4 – JULY 9-13;	_____
WEEK #5 – JULY 16-20;	_____	WEEK #6 – JULY 23-27;	_____
WEEK #7 – JULY/AUGUST 30-3;	_____	WEEK #8 – AUGUST 6-10	_____
WEEK #9 – AUGUST 13-17;	_____	WEEK #10 – AUGUST 20-24	_____

ADDITIONAL DONATION FOR SCHOLARSHIP FUND _____

TOTAL: _____

CHECK # _____

MAKE CHECKS PAYABLE TO COMMON FIELD, INC.
(mailing address) 134 Ridge Road, Lansing, N.Y. 14882
CONTACT: CHRISTOPHER MUKA, (607) 533-3553