

2025

How many children attending _____ Is child's name different from parent's name? Yes __ No __

I am interested in having my child(ren) age(s) eight to fifteen years old attend camp this summer. Last 4 Soc. _____ Ref. No. _____

Member's Name _____

Last

First

Middle Initial

Tel. No. _____ E-mail Address _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Card No. _____ Div. _____ Employer's Name _____

NAMES OF CHILDREN	DATE OF BIRTH	T-SHIRT SIZE	YEARS ATTENDED CAMP	FIRST TIME CAMPER
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_____	_____	_____	_____	<input type="checkbox"/>
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_____	_____	_____	_____	<input type="checkbox"/>
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_____	_____	_____	_____	<input type="checkbox"/>
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Parent(s)/Legal Guardian(s) expressly agree that you are ready, willing, able, and shall pick up your child(ren) within 24 hours upon receiving notice that your child exhibits any COVID-19 symptoms or tests positive for COVID-19.

Parent/Legal Guardian's Signature _____ Date _____

Check must be submitted with this application made payable to "CAMP INTEGRITY"

(over)

FOR OFFICE USE ONLY:

Amt Pd. _____ Date _____

Session: 1 / 2 MO# _____ CK# _____

2025 Application
Camp Integrity at Redwood
Educational & Cultural Trust Fund of the Electrical Industry
158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365

Camp Period Preference

BOYS

14 Day Sessions

1st Period – Sunday, June 22nd to Saturday, July 5th ☐ \$240.00

2nd Period - Sunday, July 6th to Saturday, July 19th ☐ \$240.00

Can we change your choice if the session you picked is full?

☐ YES ☐ NO

Assumption of Risk Form. All Parents/Legal Guardian's must sign and return the enclosed COVID-19 ASSUMPTION OF RISK Form in order for their child to attend CAMP INTEGRITY AT REDWOOD this season.

CAMP INTEGRITY AT REDWOOD, as required by law, is licensed and inspected by the Orange County Department of Health. These inspection reports are on public file at the Orange County Department of Health.

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