



CAMPER REGISTRATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Names: Mother \_\_\_\_\_ Father \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Can we add you to the e-newsletter to learn about more programs: Yes No

Best phone number to reach you: \_\_\_\_\_

T-Shirt Size (please circle): YOUTH Small Medium Large X-Large
ADULT Small Medium Large X-Large

Summer Dates: June 8th to 12th June 15th to 19th
July 6th to 10th July 13th to 17th

\*Fees non-refundable 30 days prior to the 1st day of camp.

Does your child have any allergies to medications, foods, insects, animals, etc.?

\_\_\_\_\_
\_\_\_\_\_

Please list any prescription medications that your child is taking:

\_\_\_\_\_

Please list any physical or learning disabilities that we should be aware of:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Who is authorized to pick up your child? (Name & Relationship)

\_\_\_\_\_
\_\_\_\_\_

ID will be required at pick up

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed waivers are required to participate in camp.