Registration Form

Name of Child: _____Age: _____DOB: ____/____/____

Parent/ Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Phone # during camp hours: _____ Home Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____Alternate Phone: _____

In the event that I cannot drop off or pick up my child for camp, I authorize the following person (s) to do so:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Child's Allergies or Special Requirements: _____

Medications (Medications can not be given by summer camp employees.) _____

_____

Mental or Physical Conditions (Please list all) _____

_____

Primary Physician: _____Phone: _____

Hospital of Choice: _____

If you or the physician of your choice cannot be reached, do you authorize our staff to accompany your child to the nearest hospital? (circle one) Yes or No

Signature of Parent/Guardian: _____ **Date**: _____/_____/_____

Printed Name: _____