

Camp Registration Form

Camper Information

Camper's Name _____ Birth Date _____ Grade in Fall 2023 _____

Address _____ City _____ State _____ Zip _____

Does your child live with both parents? Y N

If no, please provide custody arrangements and documentation.

Parent/Guardian information

Name _____ Cell Phone _____

Work Phone _____ Home Phone _____

Email _____ Employer/address _____

Parent/Guardian information

Name _____ Cell Phone _____

Work Phone _____ Home Phone _____

Email _____ Employer/address _____

Other individual authorized to pick up this child

Name/Relationship _____ Cell Phone _____

Address _____

Health History

Child's Physician _____

Physician's Phone number _____

Medical Insurance provider (please provide a copy of insurance card) _____

Check all that apply and provide record of immunizations, we comply with all state/local requirements.

Ear infection _____ Convulsions _____ Asthma _____ Bleeding Disorder _____

Allergies Pollen _____ Penicillin _____ Insect stings/bites (specify) _____

Foods (specify) _____ Other _____

Operations, serious injuries, disease, or restrictions on physical activity

Current medication and purpose (all medication sent to camp must be given to an instructor and clearly labeled with the doctors instructions). _____

Behavioral conditions of which camp staff should be aware _____

Parent Authorization/Medical release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation of the recipient at my expense. If I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp representative to secure and administer treatment for my child as named above. I authorize the camp staff to apply sunscreen to my child's exposed skin on an as needed basis – if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GAURDIAN SIGNATURE: _____ **DATE:** _____