



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

Spring Break Dates: ___ March 18th to 22nd
Summer Dates: ___ June 10th to 14th ___ June 17th to 21st
___ July 8th to 12th ___ July 15th to 19th

*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.