



REGISTRATION FORM

CONTACT INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Bus. Phone _____ Cell _____

Email Address _____

Child's Name _____

Date of Birth (mm/dd/yy) _____ / _____ / _____ Male Female

Emergency Contact _____ Relationship _____

Phone _____ Bus. Phone _____ Cell _____

MEDICAL INFORMATION

Health Card No. _____ Membership No. _____

DISABILITY? Yes No

Are there any concerns (physical/social etc.) of which we should be aware of to assist your camper adjust? Yes No

If yes, please specify: _____

ALLERGIES? (food, drug, other) _____

MEDICATION? Yes No If yes, please specify _____