

# CAMP REGISTRATION FORM

STUDENTS NAME \_\_\_\_\_

STUDENTS NAME \_\_\_\_\_

STUDENTS NAME \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

List medical problems, allergies, and/or recent injuries:

1. \_\_\_\_\_

1. \_\_\_\_\_

Please list all Food and Medicine Allergies:

1. \_\_\_\_\_

2. \_\_\_\_\_

Is your child on any medication? Name medication and reason for:

1. \_\_\_\_\_

1. \_\_\_\_\_

Payment:

Payment is due in full for your first week at the same time of registration. Payment is due one week prior to each additional week.

I give permission to charge my credit card one week prior to each additional week.

Card Holders Signature \_\_\_\_\_.