

\$50 Deposit due by March 4, 2018

Camper is ___male ___female

Grade as of August 2017 _____

Date of Birth _____

Shirt Size _____

Name (first, last)_____

Address_____

City_____ State____ Zip_____

Home phone_____

Emergency Info.

Father's name_____

Mother's name_____

Father's work phone_____ Father's cell_____

Mother's work phone_____ Mother's cell_____

If a parent can't be located, who should be contacted?

Name_____ Phone_____

Does the camper have any food allergies?_____

(If yes, please list and explain on a separate sheet.)

Does the camper listed have an emotional or behavioral problem?_____

(If yes, please explain on a separate sheet and also advise if he/she is under a doctor's care for the problem.)

Is camper on any prescription medicine?_____

(If yes, please list types and reasons for medication on a separate sheet)

If you have medical insurance, please attach a copy of the insurance card (front and back) for hospital use. (This prevents delay of treatment in case of emergency.)