

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 _____.