



SUMMER CAMP REGISTRATION FORM

Submit one form per participant. Complete all sections and return completed form along with \$25 registration fee.

I. General Information

Name: *(Last, First, M.I.):* _____

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Date of Birth: _____

Emergency Contact and Medical Information Form on file: YES NO

2. Custodial Parent/Guardian Information

Registrant is in the custody of: Both Parents Mother Only Father Only Other _____

Mother/Guardian Name _____ Daytime Phone: _____

Work Phone: _____ Alt. Phone: _____

Father/Guardian Name _____ Daytime Phone: _____

Work Phone: _____ Alt. Phone: _____

3. T-shirt Order: Summer Camp T-shirts

YOUTH: Sm. _____ Med. _____ Lg. _____

ADULT: Sm. _____ Med. _____ Lg. _____ XLG _____

4. Parent/Guardian Permission:

As a legal guardian I give permission for the registrant to participate in all phases of camp activities and off-site trips. I understand and agree to cooperate with all regulations. I will not allow the registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

Signature of Parent/Guardian _____ Date _____