



REGISTRATION FORM

Full Name _____ Age _____ years old
Birthday ____/____/_____
Grade going into _____ School _____
Home Telephone number is _____
Parent Email Address for Camp notices and updates _____
Home Address _____

Mother's name (first & last) _____
Cell phone # _____ Work # _____
Father's name (first & last) _____
Cell phone # _____ Work # _____

In case of an emergency please contact _____
At phone # _____ Relationship _____
Doctor's name _____ Phone # _____
Allergies: _____ No allergies
Medical Concerns: _____

Medications that we need to be aware of: _____
Is your child water-safe? _____ T-shirt size is S M L XL
Camper will be picked up daily by:
Name _____ Relationship _____

I AM SIGNING MY CHILD UP FOR:
 June 24 - August 9 (no camp on July 4th)

Any other arrangements need to be discussed with us prior to registration.
Please fill out one form per camper.

Registration must be accompanied by a non-refundable \$100 deposit per child.

Parent Signature _____ Date _____