

Camper Information

(Please print all information; complete one form per camper)

Camper Name _____ Name Camper Goes By: _____
Home Address _____ (h) _____ (c) _____
City _____ State _____ Zip Code _____ E-Mail _____
Birthdate _____ Sex _____ School _____ Buddy Request: _____
Campers Age At The Start Of their First Camp Session: _____ Grade Entering Fall 09: _____
A current membership is required at time of registration (\$25 individual or \$35 family for a year.)
Camper T-shirt* Child Size Sml(6-8) Med(10-12) Lg(14-16)
Adult Size Sml(34-36) Med(38-40) Lg(42-44) X-Lg(46-48)
*one t-shirt per season

Family Information

(Please print all information)

Mother/Guardian _____ Same address as child
Home Address _____ (h) _____ (c) _____
City _____ State _____ Zip Code _____ E-Mail _____
Place of Employment _____ (w) _____
Father/Guardian _____ Same address as child
Home Address _____ (h) _____ (c) _____
City _____ State _____ Zip Code _____ E-Mail _____
Place of Employment _____ (w) _____

Emergency Information

Person to be reached if parents or guardians cannot be reached:

Name _____ (h) _____ (w) _____
Name _____ (h) _____ (w) _____
Name _____ (h) _____ (w) _____
Doctor's name _____ (o) _____
Address _____ City _____ State _____ Zip Code _____
Preferred Hospital _____
Dentist's name _____ (o) _____
Health Insurance Carrier _____ Policy Number _____

Camper Release

Persons authorized to pick up: Parents listed above
 Emergency contacts listed above
Name _____
Name _____
Name _____

Persons NOT authorized to pick up (A copy of a court order may be required for persons who are not authorized for pickup.) Name _____ Name _____ Name _____
