Summer Camp Child Registration

Camper Information

First Name	
Last Name	
Date of Diath	
Date of Birth	
Gender	
Home Address	
Parent / Guardian Information	
Parent/Guardian Name	
Relationship	
Phone Number	
Email Address	
Emergency Contact Name	
Emergency Contact Phone	
Medical Information	
Allergies	
Medications	
Medical Conditions	
Family Doctor Name	
Doctor Phone	

Authorization

Date			