



Camp Registration

For Camp week of:

Name of Child:		Emergency Contact	
Age:		Emergency Contact Address	
Address		Emergency Contact Cell Phone	
Parent 1 Name		Emergency Contact Work Phone	
Parent 1 Address		Emergency Contact Email	
Parent 1 Email		Child's Physician	
Parent 1 Cell Phone		Child's Physician Contact Number:	
Parent 1 Work Phone		Known Allergies:	
Parent 2 Name		Any Respiratory Conditions?	
Parent 2 Address		Medications & Purpose	
Parent 2 Email			
Parent 2 Cell Phone			
Parent 2 Work Phone			