



Summer Camp Registration

Child's Name*: _____

Age of Child*: _____

Birthdate*: _____

Parent or Guardian Address*: _____

Email*: _____

Primary Phone Number*: _____

Secondary Phone Number: _____

Employer: _____

Emergency Contact #1* _____

Emergency Contact #2* _____

Is medication required for your child on a regular basis? If so, what types?* _____

Is there any need to restrict your child's physical activity? If so please explain* _____

Please list all allergies: _____

Program Choice: _____

