

2012 Summer Camp Information Sheet



“3” Like Me

Hooya!

Club 333

Camp “4” Me

Sports Zone

Counselor-In-Training

WhoYaWannaBe

The Crü

Please use one (1) form for each registrant. Make additional copies if needed.

Please Print

Child's Name: _____ Today's Date: _____

Nickname (if applicable) _____

Address: _____ City: _____

Home Phone: _____ Date of Birth: / / Age: _____ Gender: _____

Parent/Guardian with whom child lives:

Name: _____ Relationship: _____

Business Name: _____ Business Phone: _____

Cell Phone: _____ Pager Number: _____

Name: _____ Relationship: _____

Business Name: _____ Business Phone: _____

Cell Phone: _____ Pager Number: _____

In the event of an emergency, and the parent/guardian is unable to be reached, the above named child may be released to:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Pager Number: _____

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Pager Number: _____

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Pager Number: _____

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Pager Number: _____

Continue on back

2012 Summer Camp Information Sheet



Medical Information

Please Print

Child's Physician: _____

Address: _____

Phone: _____

Please list any concerns we should be aware of (medical conditions, food allergies, medications, etc):

Please describe any accommodations needed for successful inclusion in this program:

Additional Comments (information to help staff better understand your child):

By signing this form, I hereby grant permission for the emergency transportation and treatment of my child and the release of this registration form, which provides medical and other emergency information.

Parent/Guardian Signature: _____

Date: _____