



Camp Registration Form

Camp Name: _____ **Date of Camp:** _____

Child's Name: _____ **Age:** _____

Parent/Guardian: _____

Phone: _____ **Cell:** _____

Address: _____

Parent/Guardian Email: _____

Emergency Contact:

Name: _____ **Relation to child:** _____

Phone: _____ **Cell:** _____

Address: _____

Allergies: _____

Medical concerns or restrictions: _____