

# Summer Camp

## Registration/Information Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Mother/Guardian

### Father/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### **MEDICAL INFORMATION**

Does your child have allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical condition that would necessitate a staff member administering medication? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**I authorize the following individuals to sign out my child from [insert summer camp/event here]:**

\_\_\_\_\_  
*Name/Relationship*

\_\_\_\_\_  
*Name/Relationship*

Authorized Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_