



Camp 2020 Registration



MUST Complete ALL blanks - Use N/A if needed

Name for Certificate: _____ Male / Female: _____

Birth Date: ___/___/___ NickName: _____ School: _____, Grade: _____

Guardians: _____ Relationship: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phones: _____ Email: _____

EMERGENCY CONTACT (other than Guardian): _____

Relationship: _____, Phone: _____ Email: _____

Allergies (Medications, foods, bee stings, etc.):(Please Explain) _____

**** EYE CONDITION:** _____

Is it permissible to give your child children's/adult Tylenol: **(Circle ONE) YES NO**

Will Your Child be Wearing: **(Circle All That Apply) GLASSES CONTACTS HEARING AID**

Special Diet: (Please Explain) _____

Special Accommodations: (Please Explain) _____

Does your child travel: **(Circle ONE) Independently With Sighted Guide With White Cane**

Parent or Legal Guardian Name: (PRINT) _____

Parent or Legal Guardian Signature: _____ Date: _____

Return Registration, Medical Form and Waiver to:
Sea and Sun Camp, Inc. * P.O. Box 182 * Biloxi * Mississippi * 39533
Questions? E-Mail: seaandsuncamp@cablone.net