



Camp 2024 Registration



MUST Complete ALL blanks - Use N/A if needed

Incomplete registrations are subject to being rejected

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

Does your child have any restrictions on physical activity? Yes No

Does your child experience night blindness? Yes No

Does your child use/read or is leaning Braille? (Circle ONE) YES NO

Parent or Legal Guardian Name: (PRINT) _____

Parent or Legal Guardian Signature: _____ Date: _____

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