

## *South Ponte Vedra Fishing Camp Registration Form*

Please complete this form for each participating child. All information is kept confidential and used solely for camp administration and safety.

### **Child's Information**

- Child's Name: \_\_\_\_\_
- Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- School Grade (in Fall): \_\_\_\_\_

### **Parent/Guardian Information**

- Parent/Guardian Name(s): \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Primary Phone Number: \_\_\_\_\_
- Alternate Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### **Mailing Address**

- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Emergency Contact (other than parent/guardian)**

- Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### **Medical Information**

- Allergies (food, insect stings, medications, etc.):
- Chronic medical conditions (asthma, diabetes, etc.):
- Medications currently taking:

### **Swimming Ability**

- Non-swimmer [ ] Beginner [ ] Intermediate [ ] Advanced [ ]

### **Pick-up Authorization**

- Name(s) of person(s) authorized to pick up your child:

### **Photo/Video Release**

- I give permission for my child to be photographed or filmed during camp activities for promotional or informational purposes: Yes [ ] No [ ]

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_