

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:** _____