

## YPC Camp Registration — Dec. 27-29TH

Camper Name:		email:		
Phone #:		Address:		
Gender:	City:	State:	Zip:	
SS#:	DOB:	Parent/Guardian:		
Emergency Contact:		Relation:	Phone#:	
Medical Inform	<u>ation</u>			
Immunizations Current? Y or N		Allergies:		
Date of last Tetanus Shot:		Special Instructions:		
Medications:		IHS:	Record #:	
Insurance Policy #:		Phone #:		