Summer camp registration

Camp: _____ Summer: _____

Fill in one form for each child, or use the second child section near the end. Please write clearly and return this form by _____ to _____ (name and email or address).

Your camper

Camper first name

Camper last name

Date of birth (month, day, year)

Grade in the fall

T-shirt size: [ ] Youth S [ ] Youth M [ ] Youth L [ ] Adult S [ ] Adult M

Which sessions? Tick every week your camper will attend.

Tick	Session	Fee
[ ]	Week 1: June 14 to 18	$250
[ ]	Week 2: June 21 to 25	$250
[ ]	Week 3: June 28 to July 2	$250
[ ]	Week 4: July 12 to 16	$250

The dates and fees are examples. Change them to your own in the Word version before you print.

Parents and pickup

Parent or guardian name

Email

Phone

Second parent or guardian (name and phone, optional)

Emergency contact who is not a parent (name and phone)

Who may pick up your camper? (full names; staff will ask for photo ID)

Health and permissions

Allergies (food, insect, medicine), or write none

Medications at camp (name, dose and time), or write none

Anything else staff should know? (swimming ability, support needs, dietary needs)

Immunization record or camp physical form: [ ] Attached [ ] I will send it by _____

Photo permission: may we include your camper in photos we share? [ ] Yes [ ] No

[ ] I have read the camp rules and agree to them.

Second child (only if you register two children on this form)

Second camper first and last name

Date of birth (month, day, year)

Grade in the fall

T-shirt size: [ ] Youth S [ ] Youth M [ ] Youth L [ ] Adult S [ ] Adult M

Sessions: [ ] Week 1 [ ] Week 2 [ ] Week 3 [ ] Week 4

Allergies, or write none

Medications at camp, or write none

Immunization record or camp physical form: [ ] Attached [ ] I will send it by _____

Payment

Camp fee: number of weeks ticked for all children _____ x $250 = $_____

How would you like to pay? [ ] The full fee now [ ] A $100 deposit now, the rest by _____

Paid by: [ ] Check [ ] Cash [ ] Online, with the camp's form link

Parent or guardian signature

Date

For camp staff

Date received: _____ Added to the camper roster: [ ] Yes

Health form on file: [ ] Camper 1 [ ] Camper 2 Age group: _____

Amount paid: _____ Balance due: _____ Paid in full: [ ] Yes

Why we ask: we use these details to place your camper in the right group, reach you during camp, release your camper only to the people you name, and keep them safe. Camp staff with access to our records can read this form.