

# Day Camp Registration and Health Form

Church: \_\_\_\_\_ Day Camp Dates: \_\_\_\_\_

## Personal Information:

Camper Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ M / F

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Siblings Attending Day Camp: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

## Health Information:

Medical Conditions that may affect Day Camp life:

Dietary Restrictions: \_\_\_\_\_

Other helpful information for us to know to ensure your child has the best week possible:

## Permission:

I give my permission for my child to participate in all aspects of Day Camp except as noted. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I give permission for any picture of my child to be used for promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date