

OICC SUMMER CAMP 2018 REGISTRATION

CAMPER INFORMATION

Participant's Full Name _____

Address _____

Phone Number _____ Email _____

Allergies _____

Medical Concerns _____

Date of last tetanus shot _____

Medication(s) taken regularly _____

Special dietary considerations and/or food allergies _____

T-shirt size: XS S M L XL

PARENT/GUARDIAN INFORMATION

Father/Guardian's Full Name _____

Mother/Guardian's Full Name _____

Address (if different than participant's) _____

Home Phone Number _____

Cell Phone Number(s) _____

Work Phone Number(s) _____

Email(s) _____

EMERGENCY CONTACT INFORMATION

1) Name _____

Relationship to participant _____

Phone Number(s) _____

2) Name _____

Relationship to participant _____

Phone Number(s) _____

INSURANCE INFORMATION **(PLEASE ATTACH A COPY OF INSURANCE CARD)**

Company: _____ Phone Number: _____

Policy #: _____ Policy Holder: _____

Policy Holder's Birthdate: _____ Policy Holder's Employer: _____

Does this plan require a referral from a Primary Plan Provider? Yes/No

Primary Care Physician _____

Address _____

Phone Number: _____ Fax: _____