



camp application form

CHILD INFORMATION

1	Last Name	First	Birth Date
2	Last Name	First	Birth Date
3	Last Name	First	Birth Date

Address

Information on Parent or Guardian	Name
Phone:	Email:

Medical Information - Camp Participant

Does she / he have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details
Does she / he have diabetes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details
Does she/ he have any special dietary requirements or disorders?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details
Are there any other medical conditions that we should be aware of?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details
Others:			

PARENT OR GUARDIAN DECLARATION

To the best of my knowledge the information I have given is correct and the child named above has my permission to engage in all the camp's activities, unless otherwise noted and indicated in an enclosed written report.

I have read and understood the content of this form as well as other information given to me on the waiver form and online.

Signed _____

Date _____