



Summer Camp Registration Packet

REGISTRATION FORM

Camper Information:

Full Name:

Age:

Date of birth:

Grade Level:

Address:

Parent/Guardian Information:

Name(s):

Phone Number:

Email:

Emergency Contact Information:

Name:

Relationship:

Phone Number:

Emergency Contact Information:

Name:

Relationship:

Phone Number:

Camp Session Details:

Choose the weeks of assistance:

- Week 1: June 2–6
 Week 2: June 9–13
 Week 3: June 16–20
 Week 4: June 23–27
 Week 5: June 30– July 3*
 Week 6: July 7–11
 Week 7: July 14–18
 Week 8: July 21–25



Selected Activities (if applicable):

[Empty rounded rectangular box for selected activities]

MEDICAL INFORMATION AND RELEASE FORM

Health History:

Allergies (food, insect, medication, etc.):

[Empty rounded rectangular box for allergies]

Chronic Conditions (e.g., asthma, diabetes):

[Empty rounded rectangular box for chronic conditions]

Medications (name, dosage, instructions):

[Empty rounded rectangular box for medications]

Vaccination Records:

Is the camper's vaccination up-to-date? Yes No

Physician Information:

Name:

Phone Number:

Permission for Medical Treatment:

I, the undersigned, authorize the camp staff to provide emergency medical treatment for my child if needed.

Signature of parent

Date



LIABILITY WAIVER

Acknowledgment of Risks:

I acknowledge that participation in camp activities involves certain risks, including but not limited to physical injury. I release the camp, its staff, and affiliates from liability to the fullest extent permitted by law.

Signature of parent

Date

MEDIA RELEASE FORM

I grant permission for the camp to use photos or videos of my child for promotional purposes.
Consent Options (select one):

Full consent

No consent

Internal use only

Signature of parent

Date



CODE OF CONDUCT AGREEMENT

I understand and agree to abide by the camp's rules and expectations for behavior. Failure to comply may result in dismissal from the camp without a refund.

Camper Signature

Date

Parent/Guardian Signature:

Date

SPECIAL INSTRUCTIONS FORM

Please provide any additional information about your child that may help the camp staff provide a better experience (e.g., personality traits, preferences, fears):

[Large light blue rounded rectangular area for special instructions]

EMERGENCY CONTACT CARD (FOR STAFF USE)

Camper Name:

Emergency Contact Name:

Relationship:

Phone Number:

Critical Medical Information:
