

## **Registration Form**

Camper's Name: First	Last	
Address : Street		
State:   Zip:   Area Code:     E-Mail:	Phone:	
Date of Birth: Age:	Sex:	
Name of Junior Program Attending:		
Dates of Attendance		
Name of Junior Program Attending:		
Dates of Attendance		
Circle One: Right Handed Left Handed		
Circle One Age Group 7-9 10-11 12-13 14-17		
Does the child have own equipment? YES NO		
Person Paying:		
Address (if different)		_
Telephone (home) (business)		
Amount of Check Enclosed \$(Please submit <b>FULL</b> payment * Deposits are not accepted) Che		
Please note if camper should be restricted from any activi	ity	
Will the camper be taking medication during the camp? If YES, please indicate name of drug and dosage	YES NO	_
Please identify any medical condition/allergies which wo	uld require special attention	

Physician's Name

Telephone ( )			
Insurance	Information	-Carrier	Name
Policy Number			
medical or surgical		if necessary. I underst	for my child to receive emergency tand that every attempt will be made waive and release the staff,
	t and sponsors from any liab e is a risk of injury to my child		or illness incurred while at camp. I tivities, and knowingly and
	all risk of such injury. I will b alting from an injury received at c		ble for any medical attention needed
Home Phone (	)	-	
Work Phone (	)	-	
Cell Phone (	)	_	
SIGN		_Date//	
Person to contact in	the event I cannot be reached_		,
Phone ( )			

**Print Form**