

Free Summer Camp Registration Form

Camp Name: _____

Camp Dates: _____

Location: _____

Participant Information

Child's Name: _____

Age: _____

Gender: Male Female Prefer not to say

Date of Birth: _____

Parent/Guardian Information

Name: _____

Relationship to Child: _____

Email Address: _____

Phone Number: _____

Alternate Contact Number: _____

Emergency Contact Information

Name: _____

Relationship to Child: _____

Phone Number: _____

Medical Information

Allergies (if any): _____

Special Dietary Needs: _____

Current Medications: _____

Other Medical Conditions: _____

Additional Information

T-shirt Size (for camp merchandise): XS S M L XL

How did you hear about our camp? Social Media Friend/Family Flyer Other:

Consent and Acknowledgements

- I hereby confirm that the information provided is accurate to the best of my knowledge.
- I give consent for my child to participate in all camp activities and receive emergency medical treatment if necessary.
- I understand that photos and videos of camp activities may be taken and used for promotional purposes.

Parent/Guardian Signature: _____

Date: _____

Submit this form to the camp office or via the email provided on our website. Thank you for registering! We look forward to a fun and exciting summer camp experience.