Youth Summer Camp Registration Form

Camp Name:			
Camp Session Dates:			
Location:			
Participant's Information			
Full Name:			
Date of Birth (MM/DD/YYYY):			
Gender: [] Male [] Female [] Prefer not to say			
Address:			
City: State: Zip:			
Phone Number:			
Email Address:			
Parent/Guardian Information			
Full Name:			
Relationship to Participant:			
Phone Number:			
Email Address:			
Emergency Contact Name:			
Emergency Contact Phone:			
Medical Information			
Allergies (if any):			
Special Dietary Needs:			
Current Medications:			
Special Needs/Instructions:			

Camp Selection

Please indicate the camp session(s) you are registering for:

[] Session 1: Dates	[] Session 2: Dates	3	
[] Session 3: Dates	[] Session 4: Dates	S	
Activities Interest			
Please mark the activities	that interest the participa	ant:	
[] Arts and Crafts [] Swim	ıming		
[] Hiking [] Team Sports			
[] Science and Nature []	Other:	_	
T-Shirt Size (for camp pro	vided apparel)		
[] Youth Small [] Youth M	edium [] Youth Large		
[] Adult Small [] Adult Me	dium [] Adult Large		
Payment Information			
Registration Fee: \$			
Payment Method: [] Chec	k [] Credit Card [] Cash	1	
Credit Card Number: (if applicable)			
Expiration Date: / [] CVV:			
Additional Information			
Please provide any addition	onal information or reque	ests here:	
Permissions and Agreer	nents		
I give permission for	or my child to participate	in all camp activities and for the camp	
to provide necessary medical treatment in case of illness or injury.			
 I understand that pl 	hotos or videos may be t	taken during camp activities and used	
for promotional ma	terials.		
[] I agree to the ter	ms and conditions.		
Parent/Guardian Signatur	φ.	Date:	

Submit Form

Please return this completed form along with the registration fee to the camp office or register online at [camp website link].

Thank you for choosing our Youth Summer Camp! We look forward to an exciting and fun-filled