



**2014 SUMMER DAY CAMP REGISTRATION**

**Registration Fee: \$ 50.00**

**(Please Return This Form Back With the Registration Fee)**

Camper's name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Camper's name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Camper's name \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_

**EMERGENCY CONTACT NAMES: (May not be the same as above Parent/Guardian)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contact phone # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contact phone # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contact phone # \_\_\_\_\_

**ADDITIONAL AUTHORIZED PERSON FOR YOUR CHILD'S PICK-UP:**

**Only Parent/Guardians listed above and Authorized Individuals listed below will be allowed to pick-up this child from the Forward Phases Youth Camp.**

Name #1 \_\_\_\_\_ Phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone \_\_\_\_\_

Name #3 \_\_\_\_\_ Phone \_\_\_\_\_

Name #4 \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

**Routine scrapes and other minor injuries will be treated by our staff. In the event of an emergency or more serious accident/illness, staff will contact the parents/guardian directly. In the event the parent/guardian cannot be reached I give the Forward Phases Youth Camp permission to make the necessary measures to provide the appropriate treatment.**

Name Primary Doctor \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_