



CAMPER INFORMATION

Camper's Name _____ Age _____ D/O/B _____ Grade _____ School _____

Home Address _____ City _____ Zip _____

Mother _____ Father _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Tel. (home) _____ (car/work) _____ Tel.(home) _____ (car/work) _____

Occupation/Co. _____ Occupation/Co. _____

E-Mail address _____

Facts the Director should know about the child _____

How or from whom did you hear about Adventure Camps? _____

Please list siblings:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

In case of emergency, if either parent cannot be reached, whom should we call?

Name/Relationship _____ Phone _____

Physician/Address _____ Phone _____

Day(s) and hours Attending Camp:

Day: _____ Hours: _____

PARENT'S PERMISSION STATEMENT

My child has permission to participate in the activities of Adventure Camps. I hereby consent to any treatment deemed necessary in the event of an emergency. I understand that I am responsible for paying any and all medical expenses that may be incurred by my child at camp. The camp has my permission to use any photos taken during camp. I understand there is a 20% non-refundable registration fee to enroll. The remaining balance is fully refundable until your child's second time attending camp. After that time, there are no refunds for any reason including illness, withdrawal, or dismissal. No Exceptions. There are no make-ups for any missed days. Note: By checking the box below I agree to the terms listed above.

Signature of Parent or Guardian _____ Date _____