

Camp S.W.A.G.

2016 Camp Registration Form

Youth Information	
Last Name:	First Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:
School:	Grade Entering:
Parent/Guardian Information for 1st Parent/Guardian	
Last Name:	First Name:
Address:	Email:
Home Phone:	Cell Phone:
Parent/Guardian Information for 2nd Parent/Guardian	
Last Name:	First Name:
Address:	Email:
Home Phone:	Cell Phone:
Emergency Contact	
Last Name:	First Name:
Home Phone:	Cell Phone:
Youth's Doctor's Information	
Last Name:	First Name:
Address:	Phone:

Youth's Medical Insurance Provider Information

Policy Provider Name:	Policy Number:
Provider Phone Address:	Provider Phone Number:

Authorized Person's for Pick-Up

Last Name:	First Name:
Address:	
Home Phone:	Cell Phone:

Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?

Yes No

Please provide description of any chronic physical programs, pertinent developmental information and any special accommodations needed below.

Check here if your child will be required to take medication during the camp day AND complete MEDICATION AUTHORIZATION FORM

Parent Printed Name:

Parent Signature: _____ **Date:** _____