

High C Acres 2012 Summer Camp Registration Form

Please Check Week/s desired:

- Week 1-May 30-June 2 (4 days) Week 2-June 5-June 9 Week 3-June 12-June 16
 Week 4-June 19-June 23 Week 5-June 25-29 Week 6-June 26-June 30

Regular session (7:30 am-3 pm)

Parent/Guardian Name: _____

Address: _____

City: _____

State/Province/Region: _____

Zip/Postal Code: _____

Email: _____

Phone: _____

Alternate Contact #1 Name: _____ Alternate Contact #1 Phone: _____

Alternate Contact #2 Name: _____ Alternate Contact #2 Phone: _____

Camper's Name: _____ Camper's Date of Birth: _____

Camper's Address (if different from Parent/Guardian): _____

City: _____

State/Province/Region: _____

Zip/Postal Code: _____

MEDICAL RELEASE INFORMATION

Child's Name: _____

Primary emergency contact name: _____

Daytime phone number: _____ Relationship: _____

Secondary emergency contact name: _____

Daytime phone number: _____ Relationship: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Does your child have any allergies, medical conditions, or other special needs? Please specify what your child is allergic to and what reaction is typical. It is especially important that we learn about allergies to bee stings and foods.

Will your child be taking any medication while at High C Acres? If so, please detail:

(Any medication your child will be bringing to camp should be in a secure container clearly labeled with his or her name.)
In the event of an emergency, if we cannot reach you, please indicate your permission to authorize emergency care by signing below:

X
Signature of parent or guardian

Date