

Corbella 2019 Camp Registration

(name of camp attending)

Camper's Name: _____

Age: _____ Date of Birth: _____ Grade entering in the Fall: _____

School child will attend in the Fall: _____

Contact person/s of child: _____

Contact Phone: _____ Contact Email: _____

Allergies/Medical Conditions/Anything counselors need to know about your child:

Anything counselors need to know about your child before camp:

What are your hopeful outcomes of this group experience?

(Please initial items below:)

_____ I understand that counselors may record camp sessions only for the use of supervision with the owner, Toni Scalise, M.Ed., LPC-S, RPT-S, NCC.

_____ I will notify my camp contact via phone or email should my child be unable to attend camp.

_____ I understand there are no refunds for days missed during camp.

_____ I understand the importance of confidentiality should my child need to share something with me about the camp experience or other members of the group.

_____ I will contact the camp counselor directly should I have any concerns or questions about the group.

_____ I understand that snacks/candy may be used in camp sessions. I will notify my counselor of any restrictions on this form prior to the start date/time of camp.

signature of parent

date