



Camp Registration Form

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ADDRESS: 11350 SW 53rd Terrace, Miami, FL 33165

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS
CAMPER'S INFORMATION HERE

1 CAMPER INFORMATION: Male Female

Check this box if address and home phone are the same as Account Holder listed below

Name (First & Last): _____

Email Address: _____

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____ County: _____ Country (if outside USA): _____

Home Phone: _____ Date of Birth: _____ Age at time of camp: _____ Grade entering this Fall: _____

Group Buddy Request: (Limited to one child. Request must be in same grade and must be mutual) _____

List any Allergies and Dietary Restrictions: _____

T-shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

YOUR INFORMATION HERE

2 ACCOUNT HOLDER/PARENT #1/GUARDIAN #1 INFORMATION: (all correspondence and invoices will be sent to this person)

Name (First & Last): _____ Date of Birth: _____ Occupation: _____

Email Address: _____

*Please be sure that your email address is valid. You will receive all correspondence to this email.
Your email is confidential information.

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____ County: _____ Country (if outside USA): _____

Home Phone: _____ Second Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Camper: Mother Father Guardian Other: _____ Custodial Parent? Yes No

3 PARENT #2/GUARDIAN #2/NON-CUSTODIAL PARENT: (NOTE: all correspondence and invoices will be sent to the "Account Holder" named above)

Check this box if address and home phone are the same as Account Holder

Name (First & Last): _____ Date of Birth: _____ Occupation: _____

Email Address: _____

*Please be sure that your email address is valid.
Your email is confidential information.

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____ County: _____ Country (if outside USA): _____

Home Phone: _____ Second Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Camper: Mother Father Guardian Other: _____ Custodial Parent? Yes No

Non-Custodial Parent: Should be contacted in case of emergency and has permission to pick up camper

4 EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp or bus location at the end of a session in the event that you are unable to do so.

Name: _____ Name: _____ Name: _____

Relationship to Camper: _____ Relationship to Camper: _____ Relationship to Camper: _____

Home Phone: _____ Home Phone: _____ Home Phone: _____

Cell/Work Phone: _____ Cell/Work Phone: _____ Cell/Work Phone: _____

5 PAYMENT INFORMATION \$50 Deposit per session x _____ sessions = \$ _____

TYPE OF PAYMENT:

Check Enclosed

Credit Card: Visa MasterCard American Express Discover

Amount of payment: \$ _____ Account Number: _____ Exp. Date: _____

SIGN HERE

Signature of Parent or Legal Guardian

Date