



## Summer Camp Registration

### CHILD INFORMATION:

Child Name \*

Birth Date \*

Grade \*

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \*

Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number \*

E-mail \*

### MEDICAL INFORMATION

Physician Name

Phone Number

Medical Concerns (FILL IN BOX)

