

MOUNTAIN TOP DAY CAMP - 2018 Camper Registration Form

Camper Information

Girl Name:			Phone:		
Address:			City:	Zip:	
Date of Birth:	Age:	Grade in Fall:	School:		
Circle one for Campers shirt size: Child sizes: S M L XL Adult sizes: S M L XL XXL			My daughter will be arriving to camp via: Camp Bus Personal vehicle/carpool		
Troop #:	Troop Leader:		My daughter can be photographed while at Day Camp: Yes No		
Comments:					
List your daughters food allergies and restrictions:					
List any health conditions or limitations that may limit your daughters activities including learning disabilities or special needs:					
List any medications she will need to take while at Day Camp: (medication will need to be provided in original bottle)					

Additional Information

Parent/Guardian 1:	Relation to Camper:	Camp 5 day Volunteer: Yes (*adult registration form)
Phone:	Email: (all communications will be sent to this email address)	
Parent/Guardian 2:	Relation to Camper:	Camp 5 day Volunteer: Yes (*adult registration form)
Phone:	Email: (communication sent only if volunteering)	
Local Emergency Contact:	Relation to Camper:	Phone during camp hours:

As legal parent/guardian of the camper, I give my permission for her to attend Mountain Top Day Camp 2018. I give my consent in case of illness, injury, or emergency to the Day Camp staff to transport her from the event site to a location to receive treatment. I will not send my daughter to camp if she is ill.

Parent/Guardian Signature: _____ Date: _____

Are you interested in being a volunteer but cannot help 5 days?

*Volunteers will be contacted as needed. Please fill out the following registration form for our files.

Home jobs to support **prior** to camp

Home jobs to support **during** camp week

Demographic Information: (Optional)

I decline to state _____

Race/Ethnicity:

White ___ Other ___ Black or African American ___

American Indian or Alaskan Native ___ Asian ___

Hawaiian or Pacific Islander ___ Hispanic/Latina ___

Custodial Care: Both Parents ___ Mother ___ Father ___ Other ___

Household income:

\$0- \$14,999 ___ \$15,000 – \$34,999 ___

\$35,000- \$49,999 ___ \$50,000-\$74,999 ___

\$75,000- \$99,999 ___ \$100,000 or more ___