

FOR OFFICE USE ONLY

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age \_\_\_\_\_



## SUMMER CAMP REGISTRATION FORM

### 1. CHOOSE YOUR SESSION(S):

Day Camp (8/19-23 8:30am-3pm)

After-Care (3-4pm)

### 2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Camper: \_\_\_\_\_ Age (at the time of Camp): \_\_\_\_\_

Name camper prefers to be called (if different): \_\_\_\_\_

Grade (Fall 2019): Pick One

T-Shirt Size (circle one): **Youth:** XS SM MED LG *or* **Adult:** SM MED LG XL

Will any sibling(s) be attending camp?  Yes  No If yes, who? \_\_\_\_\_

\*Please complete this form for each sibling.

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address you check frequently: \_\_\_\_\_

Best way to contact you? (mark one) Home/Work Phone Cell Phone Text Email

What is the race/ethnicity of your camper? \* \_\_\_\_\_  Prefer not to say

\*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

### 3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, and indicate whether they are authorized to pick your child up)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Authorized to Pick Up: Yes No

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Authorized to Pick Up: Yes No

### 4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about (including any prescribed medication or devices)? If yes, please explain any instructions.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment instructions will be sent with enrollment confirmation. Thank you! Questions? Email [camp@wiseburnedfoundation.org](mailto:camp@wiseburnedfoundation.org) or call 424.255.7806