



Day Camp Registration Form

Child's Name	Age	Shirt Sz	Birth Date	Grade	School Attending

Primary Parent Info

Name	Address, City, State, Zip		
Employer	Work#	Cell#	
Email:			

Secondary Parent Info

Name:	Address, City, State, Zip		
Employer:	Work#	Cell#	
Email:			

Emergency Information (other than parent)

Name	Day Phone#	Cell#	Relationship
1.			
2.			

Family Physician: _____ Phone #: _____

****List additional adults allowed to pick-up your child:** _____

**** Allergies:** Food allergies: _____ EpiPen required: Y/N

Environmental allergies: _____ EpiPen required: Y/N

Drug/Other allergies: _____ EpiPen required: Y/N

****Health History:**

If your child has any activity restrictions, please describe them here:

My child has the following condition(s) requiring staff knowledge and/or attention:

These things may be a source of frustration for my child:

It helps my child when:

Is there any other information that would be helpful in meeting the physical, mental or emotional needs of your child?

Please indicate the level of your child's swimming ability:

Beginner

Intermediate

Advanced (diving board)