



Registration and Medical Form

Campers Name(s): _____ Age: _____

Home Address: _____

Parent/Guardian Name(s): _____

Primary Contact Name and Phone: _____

Emergency Contact Name and Phone: _____

Name any current medical conditions the camper is being treated for: _____

Name any current medications the camper is taking: _____

List any allergies: _____

Please share anything else we should know about this camper: _____

We authorize emergency medical treatment if the primary and emergency contacts can't be reached. Yes No (please circle one)

Parent/Legal Guardian Signature:

_____ Date: _____