



# DAY CAMP Registration Form

First Presbyterian Church Brandon June 17th-21st

## CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Grade Completed by 06/17/2019: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender:  M  F

T-shirt Size:  Youth XS  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

## FAMILY INFORMATION

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## EMERGENCY CONTACT (must be different from parent/guardian above)

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## HEALTH INFORMATION

Does the camper have allergies to food, medication, or the environment?  Yes  No

If 'yes', please list them here: \_\_\_\_\_

\_\_\_\_\_

Are there any special dietary concerns or modifications we should be aware of?  Yes  No

If 'yes', please list them here: \_\_\_\_\_

\_\_\_\_\_

What do you want our counselors to know about your camper? What do you hope for your camper during this week of day camp? *Please include any information you think is pertinent so we can provide the best possible experience for your camper!*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LEGAL INFORMATION

Is anyone legally restricted from seeing this camper?  Yes  No

(If yes, include name here: \_\_\_\_\_)

### Photo Release

Do you allow the use of your camper's image in camp and Vacation Bible School publicity?  Yes  No

### Authorization to Provide Emergency Care

I understand that every reasonable effort will be made to contact me at the contact information I have provided in the event of an emergency. If I cannot be reached at the contact information supplied, I hereby give permission to the physician selected by First Presbyterian Church of Brandon, Florida to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child as named herein. I give permission for the release of health information as well as any accompanying information or medical records to medical professionals in the event of injury or illness. I hereby certify that the information I have provided in this form is complete and accurate.

### Signature of Parent/Guardian

By signing below I agree to all statements in this form and attest that all information is accurate:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(print name)

(sign name)