



CAMPER INFORMATION

Camper's Name _____ Age _____ D/O/B _____ Grade _____ School _____

Home Address _____ City _____ Zip _____

Mother _____ Father _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Tel. (home) _____ (car/work) _____ Tel.(home) _____ (car/work) _____

Occupation/Co. _____ Occupation/Co. _____

E-Mail address _____

Facts the Director should know about the child _____

How or from whom did you hear about Adventure Camps? _____

Please list siblings:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

In case of emergency, if either parent cannot be reached, whom should we call?

Name/Relationship _____ Phone _____

Physician/Address _____ Phone _____

Day(s) and hours Attending Camp:

Day: _____ Hours: _____

PARENT'S PERMISSION STATEMENT

I understand and agree, that there is a 20% non-refundable registration fee to enroll for Adventure Camps. The remaining balance is fully refundable until your child's second time attending camp. After that time, there are no refunds for any reason including illness, withdrawal, or dismissal. No Exceptions (weather, natural disasters, pandemics etc). There are no make ups or credits for missed days. By checking the box below, I agree to the terms listed above.

Signature of Parent or Guardian _____ Date _____