Intersession Camp Registration Form

NAME _____
(LAST) (FIRST) MI

ADDRESS _____ **CITY** _____ **ZIP**_____

HOME PHONE # (_____)_____-_____ **WORK PHONE #** (_____) _____ - _____

E-MAIL ADDRESS _____ **CELL PHONE #** (_____) _____ - _____

DATE OF BIRTH _____ **AGE** _____ **SCHOOL** _____

PARENT OR GUARDIAN _____
(IF UNDER THE AGE OF 18) (Last) (First)

REGISTRATION FEES: $200 per week

_____ Week 1
_____Week 2
_____ Week 3
__CHECK #_____
_VISA/MC ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ EXP ___ ___/___ ___
*VIN # ___ ___ ___ (3 digit code on back of card)
*Card Billing Street Address:_____ Zip:___ ___ ___ ___ ___
*Additional required information for credit card transactions
SIGNATURE_____ DATE _____/_____/____

EMERGENCY CARD

Last Name _____ First Name_____
Address _____ City_____ Zip _____
Home Phone # (____)_____ Date of Birth _____ Age _____
Parent/Guardian Names:
Name _____ Relationship_____ Phone (_____)_____
Name _____ Relationship_____ Phone (_____)_____

In case of emergency, name and phone number of persons to contact if no answer at above number:
Emergency Contact _____ Phone (____)_____
Emergency Contact _____ Phone (____)_____
Allergies, medical limitations or special needs:_____
Physician to be called in an emergency:
Name _____ Phone # (____)_____
Address _____ City_____ Zip _____

If physician cannot be reached, what action should be taken _____
Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. It is the responsibility of the parent/guardian to verify the exact procedure required by the physician to be used in emergencies should it be necessary to contact the doctor for treatment.
Medical Insurance Carrier _____ Group/Member Number _____