



Participant Information Form

Parent/Guardian Information

Parent (First/Last name)	Primary Phone	Secondary Phone
Parent (First/Last name)	Primary Phone	Secondary Phone
Email Address		

Child(ren) Information

Child (First/Last Name)	Does your child have any allergies, please list:
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:	
Child (First/Last Name)	Does your child have any allergies, please list:
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:	
Child (First/Last Name)	Does your child have any allergies, please list:
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:	

If your child requires medication at camp, complete a Medication Record Form

Emergency Contact in the event a parent cannot be contacted:

Name	Relationship to Child(ren)
Primary Phone	Secondary Phone