

# 2015 Registration Form



Family Name: \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Email \_\_\_\_\_ @ \_\_\_\_\_  
THIS WILL BE YOUR LOGIN USERNAME

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
THIS WILL BE YOUR LOGIN PASSWORD (NUMBERS ONLY)

Additional Email: \_\_\_\_\_ @ \_\_\_\_\_

## Parents

## Emergency Contacts

## Authorized Pickups

Parent 1 Full Name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent 1 Full Name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

## Camper Information

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

Sex: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Camper Cell: ( ) \_\_\_\_\_

Full Season \_\_\_\_\_ Other \_\_\_\_\_ (minimum of 4 weeks)

Week 1: 06/29 - 07/02  Week 2: 07/06 - 07/10

Check Off Weeks → Week 3: 07/13 - 07/17  Week 4: 07/20 - 07/24

Week 5: 07/27 - 07/31  Week 6: 08/03 - 08/07

Week 7: 08/10 - 08/14  Week 8: 08/17 - 08/21

Days Per Week (3, 4, 5): \_\_\_\_\_ MO TU WE TH FR

### AM Services

	None	Bus Service	Early Drop Off
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PM Services

	None	Bus Service	Late Pick Up
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**BUS PICKUP AND DROP OFF MUST BE AT SAME LOCATION**

Bus Address: Same As Home Different

If Different: \_\_\_\_\_

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

Cross Streets \_\_\_\_\_

Bus Comments \_\_\_\_\_

Medication? Yes No Type: \_\_\_\_\_

Reason: \_\_\_\_\_

Allergies: Yes No Type: \_\_\_\_\_

Treatment: \_\_\_\_\_

Is Your Camper Limited From Certain Activities: Yes No

Explain: \_\_\_\_\_

Group My Camper With (if available and not guaranteed)

Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Any **Important** Information or Comments About Your Camper:

## Camper Information

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

Sex: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Camper Cell: ( ) \_\_\_\_\_

Full Season \_\_\_\_\_ Other \_\_\_\_\_ (minimum of 4 weeks)

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Days Per Week (3, 4, 5): \_\_\_\_\_ MO TU WE TH FR

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	None	Bus Service	Early Drop Off
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PM Services

	None	Bus Service	Late Pick Up
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**BUS PICKUP AND DROP OFF MUST BE AT SAME LOCATION**

Bus Address: Same As Home Different

If Different: \_\_\_\_\_

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

Cross Streets \_\_\_\_\_

Bus Comments \_\_\_\_\_

Medication? Yes No Type: \_\_\_\_\_

Reason: \_\_\_\_\_

Allergies: Yes No Type: \_\_\_\_\_

Treatment: \_\_\_\_\_

Is Your Camper Limited From Certain Activities: Yes No

Explain: \_\_\_\_\_

Group My Camper With (if available and not guaranteed)

Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Any **Important** Information or Comments About Your Camper:

