



# CAMPER REGISTRATION FORM

Due:  May 1<sup>st</sup> for Big Shots  June 1<sup>st</sup> for Little Shots

For camper security and safety, please insert a current photograph here.

Date Completed \_\_\_\_\_ Camper Name: \_\_\_\_\_

M/F: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp: \_\_\_\_\_ T-shirt size: S M L

Race / Ethnicity:  White  Black  Hispanic  Asian  Multiracial  Other

School Grade in Fall: \_\_\_\_\_ School Name: \_\_\_\_\_ School District: \_\_\_\_\_

Has your child ever been to our camp before?  Yes  No

Current Address: \_\_\_\_\_

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

## CONTACT INFORMATION

Preferred Parent Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Living with child in current residence (check all that apply):

- Mother  Father  Stepmother  Stepfather  Grandmother  Grandfather
- Foster Mother  Foster Father  Aunt  Uncle

Annual Household Income (approximate; check one):

- <\$10,000  \$10,000- \$30,000  \$30,000-\$50,000  \$50,000-\$70,000  >\$70,000

**Mother or legal guardian name:** \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Father or legal guardian name:** \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent/Guardian to reach during daytime: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Are there any custody or visitation issues that camp should be aware of at this time?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parents'/Guardians' contact information if different during camp session:

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Dates at this location: \_\_\_\_\_

**HEALTH CARE PROVIDER INFORMATION**

Camper name: \_\_\_\_\_

Physician for Diabetes Care \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Camper's Pediatrician \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Camper's Dentist \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**I give DYS personnel permission to contact my child's physicians listed above regarding camp if necessary.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder Employed By: \_\_\_\_\_

Prescription Coverage (if different): \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Prescription Policy Holder Employed By: \_\_\_\_\_

Other Medical Financial Assistance:

Bureau of Children with Medical Handicaps (BCMh)

Medicaid

Name of Policy Holder: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

I have attached copies of both sides of our insurance and prescription cards

**SPECIAL CONCERNS**

Help us to understand your child so that they will have a happy, safe, and confidence building camp experience. **PLEASE include difficulties with diabetes management, physical, emotional and psychological needs, behavioral problems, eating problems, social concerns, possibility of homesickness, etc., and the techniques you find useful in supporting your child.** This information is extremely important in helping us provide the **best possible** camp experience for your child and their camp peers. (Please attach another sheet if needed.)

Staff to camper ratios are on average 1:7; if your child needs more supervision, please contact the office *immediately* so we have time to make arrangements for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that my child will have a thorough head lice exam at check-in. I further understand that if my child has any signs of lice infestation, my child will not be able to attend camp.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**The information provided on this form is complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date