



For Youth Development  
For Healthy Living  
For Social Responsibility

Camper's Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parents/Legal Guardians \_\_\_\_\_

Family E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Work Phone \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Name of persons to whom camper may be released:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies, health problems, physical limitations, or dietary concerns:

List any medications your son/daughter takes regularly:

List any past medical treatments:

Immunization History (Please list dates as accurately as possible)

\_\_\_ DTP series      \_\_\_ Booster      \_\_\_ Tetanus Booster      \_\_\_ Hep B

\_\_\_ Polio OPV (Sabin)      \_\_\_ Booster      \_\_\_ Tuberculin Test      \_\_\_ MMR

\_\_\_ Other (please list) \_\_\_\_\_