



CAMPER HEALTH HISTORY FORM

Your child will not be admitted to camp without this completed form.

REGISTRATION INFORMATION

Child's Name	M F	Grade	Address
Guardian's Name	Home Phone		Cell Phone (please include a 2 nd number)
Email Address	How did you hear about this program?		

Please indicate which camps you plan to attend (check all dates that apply)

<input type="checkbox"/> June 3-7	<input type="checkbox"/> July 8-12	<input type="checkbox"/> August 5-9
<input type="checkbox"/> June 10-14	<input type="checkbox"/> July 15-19	<input type="checkbox"/> Spring Break
<input type="checkbox"/> June 17-21	<input type="checkbox"/> July 22-26	<input type="checkbox"/> Winter Break
<input type="checkbox"/> June 24-28	<input type="checkbox"/> July 29-August 2	

MEDICAL INFORMATION

Please list any medical or behavioral considerations that we should be aware of, including but not limited to allergies, medications, or physical challenges. *Please note that 21 Century Parks, Inc. staff & volunteers are unable to administer medication to any child and one-on-one care cannot be provided. Emergency medications require a completed Emergency Action Form signed by the camper's guardian.*

Emergency Contact (Other than Guardian):

Relationship to Camper: _____ Daytime Phone: _____

CAMPER PICK UP INFORMATION

**Please provide contact information for any additional people who may be authorized to pick up your child.
Note: Any persons not listed will be unable to pick up your child without prior approval.**

Name	Relationship	Phone Number

PHOTO RELEASE

I authorize 21 Century Parks, Inc. to use my child's photograph for education, advertising and public relations purposes. Yes NO

Parent/Guardian document; child will not be admitted to camp without this completed form*This is a required
 Signature _____ Date _____