CAMP REGISTRATION FORM

Mom & Dad's Contact Information, E-Mail Address, Emergency Contact(s) and Permissions

Mom's Information

Name _____ Cell Phone Number _____ Work Phone Number _____

Dad's Information

Name _____ Cell Phone Number _____ Work Phone Number _____

Mailing Address

Street Address _____ City _____ Zip Code _____

E-Mail Address(s)

Primary E-Mail Address _____ Secondary E-Mail Address

Primary Emergency Contact

Name _____ Phone Number _____ Alt. Phone Number

Secondary Emergency Contact

Name _____ Phone Number _____ Alt. Phone Number

Permissions

My child has my permission to be photographed for camp publicity, i.e. campus fairs, campus newspaper, and local newspapers, camp web site and magazines. _____

In the event that I cannot be reached in an emergency, I Here by give permission for Imagine That! Summer Camp staff to secure medical treatment for my child. _____

Allergies:

Medications:

Camper Information

First Name | Last name | Birth Day | Age

Gender | Grade in Fall: None | School Attending in Fall: None

Shirt Size

SESSION I Camp Selections
June 1st to June 17th

Jump Start: None

Morning Session

Friend Request

Choice 1: None

Choice 2: None

Afternoon Session

Lunch Bunch

Friend Request

Choice 1: None

Choice 2: None

SESSION II Camp Selections
June 21st to July2nd

Jump Start: None

Morning Session

Friend Request

Choice 1: None

Choice 2: None

Afternoon Session

Lunch Bunch

Friend Request

Choice 1: None

Choice 2: None

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