



**CAMPER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Grade Completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Shirt Size: Child - XS S M L Adult - XS S M L XL

**FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**MEDICAL INFORMATION**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Any Allergies: \_\_\_\_\_

**PARENTAL PERMISSION AND LIABILITY RELEASE**

I hereby request that my child participate in the activities/field trips as selected by the CAMP EAGLES staff. In the unlikely event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered to my child. I also agree to release, indemnify, and hold harmless CAMP EAGLES and any of its employees from liability. Additionally, I authorize the following individuals to be able to pick up my son/daughter when necessary:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Mother's/Guardian's Signature: \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_

**PLEASE REGISTER MY CHILD FOR THE FOLLOWING WEEKS:**

\_\_\_\_\_ 05/28-05/31 (Pre-Camp) \_\_\_\_\_ 06/03-06/07  
 \_\_\_\_\_ 06/10-06/14 (VBS Week) \_\_\_\_\_ 7-9 AM \_\_\_\_\_ 12-6 PM \_\_\_\_\_ both  
 \_\_\_\_\_ 06/17-06/21 \_\_\_\_\_ 06/24-06/28 \_\_\_\_\_ 07/01-07/05 (Closed 07/04)  
 \_\_\_\_\_ 07/08-07/12 \_\_\_\_\_ 07/15-07/19 \_\_\_\_\_ 07/22-07/26  
 \_\_\_\_\_ 07/29-08/02 CLOSED 08/05-08/09 \_\_\_\_\_ 08/12 & 08/13 (Post-Camp)

Office Use Only: Registration Fee Paid: _____ Amount Enclosed with Forms: _____
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