

# CAMP BACK CREEK REGISTRATION FORM

Campers Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Nick Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Mother's Phone No: \_\_\_\_\_ Father's Phone No: \_\_\_\_\_

Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

## Emergency Medical Information:

Physician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Insurance Co and No: \_\_\_\_\_

Are there any special medical conditions or other information of which we should be aware of?  
\_\_\_\_\_

List any allergies, activity restrictions. \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

## Other Contacts allowed to pick child up from camp:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

## **Persons other than parents who are allowed to take child from camp:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## **T-Shirt Sizes (for campers only)**

Youth Sizes: x-small \_\_\_\_\_ small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_ xlarge \_\_\_\_\_

For office use only

Registration Paid \_\_\_\_\_ Check No: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Rec'd \_\_\_\_\_