

## Snow Camp Registration Form

### General Information

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Birth Date: ( \_\_\_ / \_\_\_ / \_\_\_ ) Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

### Medical Notes

Is the child gluten free? Yes No Is the child dairy free? Yes No

Does the child have any allergies? Yes No

If the child has any allergies, please list below and severity:

---

---

---

Do you take medication? Yes No

If you take medication, describe medication and following details: reason, dosage, and frequency taken:

---

---

---

---

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

### Permissions

Are you okay with your child's picture to be taken from Timberlee or Stranger Things staff? Yes No

Are you okay with your child participating in all camp activities (including, but not limited to the following:

broomball, tubing, ...)? Yes No

Parent/Guardian Signature

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

---