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 Fat Wednesday 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: _____