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
Does the child have food or nonfood allergies? Yes No
If the child has any allergies, please list below and severity:
_____
_____
_____
_____
Does the child take medication? Yes No
If yes, describe medication, reason, dosage, and frequency taken:
_____
_____
_____
_____
_____
_____

Emergency Information
Emergency Contact Name: _____
Emergency Contact Phone Number:_____

Permissions
My child's picture can be taken by Timberlee or Youth Group leaders? Yes No
My child can participate in all camp activities (including, but not limited to the following: broomball, tubing, etc.)? Yes No

Parental Waiver must be completed at this link:
https://form.jotform.com/Camp_campers/winterxtreme-participant-waiver
Date Completed: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Today's Date: _____