



CAMPER HEALTH HISTORY FORM

Your child will not be admitted to camp without this completed form.

REGISTRATION INFORMATION

Child's Name	Grade	Address
Guardian's Name	Phone	Cell Phone (please include a 2nd number)
Email Address	How did you hear about this program?	

Please indicate which camps you plan to attend (check all dates that apply)

<input type="checkbox"/> June 3-7	Spring Break	<input type="checkbox"/> July 8-12	
<input type="checkbox"/> June 10-14		<input type="checkbox"/> July 15-19	
<input type="checkbox"/> June 17-21		<input type="checkbox"/> July 22-26	
<input type="checkbox"/> June 24-28		<input type="checkbox"/> July 29-August 2	Winter Break

MEDICAL INFORMATION-

Please list any medical or behavioral considerations that we should be aware of, including but not limited to allergies, medications, or physical challenges. *Please note that 21 Century Parks, Inc. staff & volunteers are unable to administer medication to any child unless specified on the Emergency Action Form.*

Emergency Contact (Other than Guardian): _____

Relationship to Camper: _____ Daytime Phone: _____

CAMPER PICK UP INFORMATION

Please provide contact information for any additional people who are authorized to pick up your child
Note: Any persons not listed will be unable to pick up your child without prior approval.

Name	Relationship	Phone Number

PHOTO RELEASE

I authorize 21 Century Parks, Inc. to use my child's photograph for education, advertising and public relations purposes. Yes NO

Parent/Guardian document; child will not be admitted to camp without this completed form*This is a required
 Signature _____ Date _____