

Camp Heritage 2019 Registration Form

Child's Name _____

T – Shirt Size YS, YM, YL, YXL AS, AM, AL, AXL

Address _____

Date of Birth ____/____/____ Sex ____ Grade Completed ____ Age ____

Which days will your child attend Camp Heritage? M T W T F

What time will your child arrive at Camp Heritage? _____ What time will your child be picked up? _____

Father _____ Home phone _____ Cell _____

E-Mail _____

Employer _____ Work phone _____

Does child reside with father? Yes ____ No ____

Mother _____ Home phone _____ Cell _____

E-Mail _____

Employer _____ Work phone _____

Does child reside with mother? Yes ____ No ____

Local Emergency Contact # 1

Name _____ Home phone _____ Cell _____

Relationship to child _____ Work phone _____

Local Emergency Contact # 2

Name _____ Home phone _____ Cell _____

Relationship to child _____ Work phone _____

List all persons authorized to pick up your child. If they are not on this list they will not be allowed to pick your child up without written or verbal consent from the custodial parent(s). **Please be prepared to show ID.**

List any important medical information, including food and drug allergies: _____

I have read and understand the Camp Heritage rules and procedures.

Signature _____ Date _____