

**Sample Registration Form – Minor w/med**  
**PLEASE PRINT ALL INFORMATION**

Full Name of Camper \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Camper's Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternative Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Vegetarian? Yes \_\_\_ No \_\_\_ Other dietary restrictions/allergies? \_\_\_\_\_

**Payment Methods & Refunds**

We require a \_\_\_\_\_ non-refundable deposit. Make checks payable to \_\_\_\_\_

\_\_\_ Payment enclosed Amount \_\_\_\_\_

\_\_\_ Charge my  Visa  MasterCard  Am. Ex  Discover

Cardholder Name \_\_\_\_\_ Card Number \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ Sec. Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Final payment is due on \_\_\_\_\_

After \_\_\_\_\_ only 50% will be refunded if you cancel.

Mail to: \_\_\_\_\_

**HEALTH AND SAFETY AGREEMENT:**

The group leader has my permission to provide routine, non-surgical medical care to my child. In the event of a medical emergency and I cannot be reached, I hereby give permission to the physician selected by the group leader or his/her agent to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I also understand that I am responsible for the costs incurred on behalf of my child relating to accident or illness. Although the fullest safety precautions are taken, the organization/camp does not assume responsibility for any accident. I have read all of the registration materials, policies, guidelines and details provided by the camp/organization and agree to abide by the requirements set forth therein. I understand that my child will not be allowed to take medication from home unless it is ordered by a physician and so noted on this form. I hereby accept and agree to abide by the provisions of the Health and Safety Agreement.

\_\_\_\_\_  
*PARENT/GUARDIAN NAME (PRINT LEGIBLY)*

\_\_\_\_\_  
*SIGNATURE OF PARENT OR GUARDIAN REQUIRED\*\**

\_\_\_\_\_  
*DATE*