

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**BRING A FRIEND TO CAMP DAY**  
**Thursday, July 2**

Friend Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Boy/Girl: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
Skating Experience (circle one):    Never Skated        Beginner        Intermediate        Advanced

Parent/Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone#: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: (if not the same as camper) \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone#: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone#: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

List known allergies: \_\_\_\_\_  
List Dietary restrictions: \_\_\_\_\_  
List physical restrictions: \_\_\_\_\_  
Will your child take any medication daily at camp? If yes, complete the medication form. \_\_\_\_\_

**Medical Information:**  
(Please include a copy of your insurance card. Copy both sides of the card so information is readable)  
Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_  
Subscriber: \_\_\_\_\_ Insurance Co Phone: \_\_\_\_\_  
Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

*I, the parent/guardian of \_\_\_\_\_, give permission for my child to engage in all camp activities.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_