

Camper's Name: _____ Age: _____

BRING A FRIEND TO CAMP DAY
Thursday, July 30

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: _____