# Logo, company name Description automatically generated

Summer Youth Leadership Retreat

# REGISTRATION FORM 2022

How did you hear about us? Choose an item.

Click Below To

Add Child’s Picture

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CAMPER’S INFORMATION** | | | | |
| **Child's Name** | | Click or tap here to enter text. | | | **Sex** | | Choose an item. | | | | | |  |
| **Birth Date** | | Click or tap to enter a date. | | | **T-Shirt Sz.** | | | Choose an item. | | | | |
| **Choose Class** | | Choose an item. | | | **Travel Buddy?** | | | | Click or tap here to enter text. | | | |
|  | | | | |  | | | | | | | |
| **PARENTS’ INFORMATION** | | | | |
| **Father’s Name:** | | | Click or tap here to enter text. | | **Mother’s Name:** | | | | | Click or tap here to enter text. | | | | |
| **Father’s Cell:** | | | Click or tap here to enter text. | | **Mother’s Cell:** | | | | | Click or tap here to enter text. | | | | |
| **Father’s Email:** | | | Click or tap here to enter text. | | **Mother’s Email:** | | | | | Click or tap here to enter text. | | | | |
| **Street Address:** | | | Click or tap here to enter text. | | | | | | | | | | |
| **City:** | Click or tap here to enter text. | | | **State:** | | Click or tap here to enter text. | | | | | **Zip:** | Click or tap here to enter text. | |

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| **EMERGENCY INFORMATION**  If Parent Can’t Be Reached In Emergency, Please Call: | | | | |
| **Contact Name:** | Click or tap here to enter text. | | | | **Relation To Camper:** | Click or tap here to enter text. | | **Phone:** | Click or tap here to enter text. |
| **Contact Name:** | Click or tap here to enter text. | | | | **Relation To Camper:** | Click or tap here to enter text. | | **Phone:** | Click or tap here to enter text. |
| **Family Physician:** | | Click or tap here to enter text. | | | | | **Phone:** | Click or tap here to enter text. | | |
| **Medical Insurance Carrier:** | | | | Click or tap here to enter text. | | | **Phone:** | Click or tap here to enter text. | |
| **Insurance Policy Number:** | | | Click or tap here to enter text. | | | | | | | |

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| **MEDICAL INFORMATION & HISTORY** | | |
| **Has your child experienced fever, illness, nausea, fatigue, stomach pain, diarrhea, vomiting, sore throat or infection in the last 7 days?** | | | |  |
| **Immunizations Received:** | **Other**: Click or tap here to enter text. | | | |
| **ALLERGIES**  List Allergen and Reaction *Example: Peanuts- Shortness of breath* | | Click or tap here to enter text. | | |
| **CURRENT MEDICATIONS**  List Name and Dosage *Example: Zyrtec 5mg by Mouth Once Daily* | | Click or tap here to enter text. | | |

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| **Does Your Child Have Any Of The Following?** | **Other**: Click or tap here to enter text. |

|  |  |
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| **Previous Surgeries or Serious Illnesses:** | Click or tap here to enter text. |
| **Special Diet:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Previous Childhood Diseases?** | **Other**: Click or tap here to enter text. |

Please save form and e-mail back to [mail@charactercamp.net](mailto:mail@charactercamp.net) prior to deadline date.