# 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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

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

|  |  |
| --- | --- |
| **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 prior to deadline date.