



SPORTS CAMP REGISTRATION

Child's Name: _____

Birth Date: _____ Age: _____

Male:

Female:

Address: _____

City: _____ State: _____ Zip: _____

Parent's Names: _____

Phone: _____ Email: _____

Allergies: _____

Special circumstances / needs: _____

Who will pick up child each day? _____

Emergency Contact Name & Phone: _____

Names of other siblings attending camp: _____

How did you hear about our camp? _____

Do you attend church regularly? Yes _____ No _____

If yes, what church: _____