



## 2024 Camper Registration Questions

- Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Parent/Guardian Email: \_\_\_\_\_

- What grade is your camper entering in Fall 2024?

Please indicate your camper's incoming grade, which determines their group placement.

- Preschool (ages 3-5)       Kindergarten      or GRADE #: \_\_\_\_\_

- T shirt size

Please indicate the camper's t shirt size.

- XS       S       M       L       XL

- Allergies

Please list all allergies for this camper. \_\_\_\_\_

- Special Needs

Please list any special needs your camper may have: \_\_\_\_\_

- Medical Devices or Medications

Please list any medical devices (such as an epi pen or inhaler) and/or medications your camper requires. \_\_\_\_\_

- Special circumstances

I would like a camp director to contact me to discuss my camper's needs further,

- Yes       No

- Activity Restrictions

Please note any activities from which your camper must be excluded or restricted.

---

- Pick Up Authorization 1

Please list the emergency contact/first authorized pick up person for your camper (please include yourself and any other parents).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

- Pick Up Authorization 2

Please list the second authorized pick up person for your camper. (Include any parent that will pick up.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

- Pick Up Authorization 3

Please list the third authorized pick up person for your camper. (Include any parent that will pick up.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

- Field Trip Permissions

I give permission for my camper to take part in all camp activities and to leave the grounds for field trips planned by The Connection, if applicable.

Yes       No

- Photo, Video, Voice, Press Release

I give permission for photos and videos of my child to be used in marketing for materials The Connection, including our website and social media, (photos and videos will be used for The Connection's purposes ONLY and will not include any personally identifying information such as name, birth-date or address).

Yes       No

- Friend Requests

Please list any full name's of friends your camper would like to be grouped with. Group requests are not guaranteed due to group sizes, ratios, and age ranges.

---

- Inoculations

All campers must have protection against diphtheria, tetanus, poliomyelitis, measles, pertussis, mumps and rubella. Is your camper up to date on all previously mentioned vaccinations?

Yes       In Progress

- Inoculations - Tetanus

Please provide date of last tetanus shot (or date of upcoming appointment if in progress)

---

- Recent physical

Please indicate the date of the camper's most recent physical exam.

---

