

# EAGLETS DAY CAMP REGISTRATION FORM

**Camper 1** - First and Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
List allergies or other important medical information: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper 2** - First and Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
List allergies or other important medical information: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper 3** - First and Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
List allergies or other important medical information: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper 4** - First and Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
List allergies or other important medical information: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Parents/Guardians**

Mother's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ With whom does camper live? \_\_\_\_\_

## **Emergency Information**

In case of emergency, (other than parents) whom may we call?

**Name 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

## **Pick-Up**

In whose care (other than parents) may we release camper:

**Name 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

I give permission for my child (VPK -4) to attend and participate in all on-site activities. I expect my child to abide by all health and safety measures and standards of conduct set by Eaglets Summer Camp. I allow publication of any photos taken of my child while at camp. I understand that although every precaution is taken to insure that Eaglets Camp programs and activities are conducted in a safe and responsible manner. In case of emergency, Eaglets Day Camp will first try to reach the parents/guardians at the numbers listed above followed by the emergency number above. If these parties are unavailable, I authorize Eaglets Camp to use their own pediatrician or hospital and to have emergency treatment perform.

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Both parents or child's guardian must sign.)

**THIS REGISTRATION FORM, HRS 680 (IMMUNIZATION RECORDS), AND HRS 3040 (WELL CHECK-UP WITHIN LAST TWO YEARS) MUST BE SUBMITTED BEFORE CAMPER MAY ATTEND EAGLETS DAY CAMP. ALL ALCA STUDENTS MUST HAVE CURRENT MEDICAL RECORDS ON FILE IN ORDER TO ENROLL IN CAMP EAGLE.**